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# Street youth suicide in Canada: A qualitative analysis.

Sean Andrew Kidd  
*University of Windsor*

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**Street Youth Suicide in Canada: A Qualitative Analysis**

**By**

**Sean A. Kidd**

**B.A., Carleton University, 1996  
M.A., University of Windsor, 1999**

**A Dissertation**

**Submitted to the Faculty of Graduate Studies and Research  
through the Department of Psychology  
in Partial Fulfillment of the  
Requirement for the Degree  
of Doctor of Philosophy at the  
University of Windsor**

**Windsor, Ontario, Canada**

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### **Abstract**

**This study was developed to address the problem of the high rates of suicidality found among street youth. Semi-structured interviews were conducted with 80 street youth in agencies and on the streets of Toronto and Vancouver. Participants described the meanings suicide held for them and their understandings of the phenomenon of suicide among street youth. Qualitative analysis of the interviews revealed themes of worthlessness, loneliness, hopelessness, and most centrally the feeling of being 'trapped' that form the construct of suicide held by the participants. These idioms of distress were situated within the context of the street life that included social stigma and oppression, and drug abuse. Recommendations are made for working with these youth. Additionally, it is suggested that a more socially active approach be taken to increase awareness of the issues of street youth, who are largely overlooked and maligned in public forums and social policy.**

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## Introduction

### Purpose and Overview of Study

The goal of this study is to broaden our understanding of suicide among street youth. This work is best conceptualized as exploratory, approaching the problem in an open-ended manner, seeking to identify variables, processes, and influences which may be explored in greater depth in subsequent studies. Qualitative methodology is used because it is well-suited to the above stated objectives. It is hoped that the findings will help people working with this population develop suicide intervention and prevention programmes. Furthermore, the results will hopefully increase professional and societal awareness of street youth suicide as a major social problem. Interviews were conducted with 40 street youth in Toronto and 40 in Vancouver. In each city one half of the interviews were conducted in a street outreach agency with the remainder conducted on the street.

*Introduction Section:* The Introduction has three major sections. First (Chapter 1), the group labelled street youth is described along with the findings of research on street youth suicide and related topics. The topic of street youth suicide is discussed from a primarily atheoretical/descriptive stance in the introduction. Existing theoretical conceptualizations of the problem are presented in the discussion section. In Chapter 2 the theoretical foundations of the methodological and conceptual approach taken are presented. In Chapter 3 cultural theory as related to the research problem is presented, followed by a description and rationale for this study (Chapter 4).

*Methods (Chapter 5):* In the methods section the interview settings and interview are described, as are the analysis and validation techniques.

*Results:* In Chapter 6 my stance as researcher is presented along with a description of the participants, the interviews and the interview contexts. Selected narratives are presented along with the themes and categories that emerged from the analysis procedure in Chapter 7, and in Chapter 8 the theoretical model that emerged from the thematic analysis is proposed.



***Discussion:*** In the discussion section the findings are situated in relation to existing theory. An action approach to research is discussed and the street youth interviewed are described in relation to cultural theory (Chapter 8), the themes and categories that emerged are linked to current theory and research (Chapter 9), a theoretical synthesis is proposed (Chapter 10) and a plan for action outlined (Chapter 11).

## **Chapter 1: Overview of Study and Description of Street Youth**

### **Street Youth: Epidemiology and History**

Numbers of homeless youth are extremely difficult to estimate, as is the case with any transient and ill-defined population (Smollar, 1999). Several attempts to estimate the number of youth living on the streets of major cities have nonetheless been made. It is thought that approximately 100 million children and adolescents are living on the streets of large urban centres worldwide (Campos, Antunes, Raffaelli, Halsey, Ude, Greco, Greco, Ruff & Rolf, 1994). Estimates for North America are as high as 2 million (Janus, McCormack & Burgess, 1987), and the estimated number of street youth thought to be living in Toronto is between ten and twenty thousand annually (Carey, 1990; Kelly, 1989).

The history of homeless youth in Canada does not appear to have been documented. Libertoff (1980), however, has traced homelessness among young people in the United States to the settlement of the original 13 colonies. Adolescents frequently left home during the time of westward expansion in search of excitement and economic opportunities. In the 1800's the first evidence appeared that homeless young people were being viewed as a problem in urban centres:

“I allude to the constantly increasing numbers of vagrant, idle and vicious children of both sexes, who infest our public fares, hotels, docks...Wherever their inclination leads them, a large proportion of these juvenile vagrants are in the daily practice of pilfering whatever offers and begging where they cannot steal. The female portion of the youngest class, those who have only seen some eight or twelve summers, are addicted to immoralities of the most loathsome description.”

[comments of the New York City police chief, 1820. From Libertoff (1980) p.152]

During the great depression the number of young runaways increased substantially, though the issue was overshadowed by the enormous number of homeless

people at the time and the desperate economic situation. In the 1960's homelessness among young people began to gain attention as a significant social problem and started to become a 'researched' population, though for the most part were lost amidst the 'rebellious youth culture' (Smollar, 1999). In the mid-to-late 1970's researchers began to realize the extent of the problems faced by street youth and call for increased attention both by researchers and service providers (Kufeldt & Nimmo, 1987). From the early 1980's to the present an increasing research body has been developed that has focussed primarily upon the dysfunctional backgrounds and psychological problems frequently found among street youth.

### Defining "Street Youth"

Street Youth has been used as a blanket term for youths with widely varying experiences. It refers broadly to individuals aged 12-24 who for various reasons leave their legal guardians, often quitting school, spending periods of time homeless and unemployed, and frequently engaging in criminal activity as a source of income. While many share common elements in their pasts and in the adversity they face on the street, there is considerable heterogeneity within this broad category. This heterogeneity has led some to argue against subcultural descriptions of street youth as a whole (Tait, 1993). Several efforts have been made to identify different subcultures or categories *within* this group on the basis of their histories, means of income, peer group affiliation, and sexual identity. A distinction has been drawn between runaways (those who left home of their own volition) and throwaways (those forced to leave home) (Adams, Gullota, & Clancy, 1985; Hier, Korboot, & Schweitzer, 1990; Ringwalt, Greene, & Robertson, 1998), and those removed from the home (MacLean, Embry, & Cauce, 1999). Another way of categorizing involves peer affiliation, identifying subgroups such as punks, druggies, hustlers, gang members, and loners (Kipke, Unger, O'Connor, Palmer, & LaFrance, 1997). Finally, means of income (e.g. prostitution) (Kidd, 1999a; Radford, King, & Warren, 1989; Yates, Mackenzie, Pennbridge, & Swofford, 1991) and sexual identity (Kidd, 1999b; Kruks, 1991; Savin-Williams, 1994) have been employed as descriptors.

While studies using these categories have found differences across several variables, it is very difficult to use such distinctions to define discreet and exclusive groups. Street youth may exist in several categories at once and/or move from one category to another in the course of their street career. Also, grey areas exist between the categories and within each category there are further divisions. As a result, “street youth” continues to be used by most researchers as a term to refer to any or all of the above, with subgroup categories being used for the most part as mediating variables. The present study employed this strategy in using “street youth” as a broad and inclusive term, calling attention to the various subgroups as they influence or are related to the suicidality of the participants.

#### Family/Caretaker Experiences

The family histories of most street youth are troubled, often consisting of disrupted home environments, extreme family conflicts, psychological, physical and sexual abuse, and neglect. High rates of drug and alcohol abuse are found among the parents of street youth, as is parental criminality (Hagan & McCarthy, 1997; Maclean et al., 1999). Additionally, a high percentage of the families are on social assistance (Ringwalt et al., 1998), and disrupted families are common with few street youth having lived with both biological parents (Hagan & McCarthy, 1997). There are higher levels of marital discord in the homes of street youth (Daddis, Braddock, Cuers, Elliott, & Kelly, 1993), and they are more likely to have witnessed domestic violence (Buckner & Bassuk, 1997; DiPaolo, 1998). Further, the families of street youth show evidence of more household moves involving frequent changes of school (Buckner & Bassuk, 1997).

Much of the research into the backgrounds of street youth focuses on physical and sexual abuse, rates of which are consistently high (Kufeldt & Nimmo, 1987; MacLean et al., 1999; Molnar, Shade, Kral, Booth, & Watters, 1998; Ringwalt et al., 1998; Yates, Mackenzie, Pennbridge, & Cohen, 1988). In addition to physical and sexual abuse, high levels of emotional abuse (Ringwalt et al., 1998) and neglect (Daddis et al., 1993; Kufeldt & Nimmo, 1987) are also reported. These negative home

experiences are associated with a host of other problems. Poor performance in school is common as is conflict with teachers (Hagan & McCarthy, 1997), and many report a history of conduct problems (Feitel, Margetson, Chamas, & Lipman, 1992; Rotheram-Borus, 1993).

The result of these experiences for most street youth is a life on the street (Adams, Gullotta, & Clancy, 1985; Maclean et al., 1999), either as runaways, or having been thrown out as is the case with an estimated one-fifth to one-half of street youth (Ringwalt et al., 1998). There is additional evidence to support that when they run away, it is usually not an impulsive decision in which they never wish to contact their family again, but rather it is done as a last resort with many keeping in contact with certain family members (Ensign & Gittelsohn, 1998; MacLean et al., 1999; Schaffner, 1998).

### Street Experiences

When these youths leave home they are immediately faced with the problem of finding shelter and food. While socially supported agencies are potential sources of assistance, they are often viewed negatively by street youth, perceived as sources of stress and danger (Buckner, Bassuk, Weinreb, & Brooks, 1999; DeRosa, Montgomery, Kipke, Iverson, Ma & Unger, 1999; Hagan & McCarthy, 1997; Holdaway & Ray, 1992). In an effort to support themselves, street youth engage in numerous activities including attempts to find work, seeking money from family/friends, panhandling, prostitution, survival sex (sex for food, shelter etc.), dealing drugs, and theft (Greene, Ennett, & Ringwalt, 1999; Hagan & McCarthy, 1997; Kipke et al., 1997). The difficulty of supporting oneself is highlighted by the large number of street youth who regularly lack shelter and go hungry (Antoniades & Tarasuk, 1998; McCarthy & Hagan, 1992). Moreover, street life presents numerous dangers and stresses in the form of physical and sexual assaults on the street. This is thought to be related to their participation in criminal activities and behaviour patterns resulting from a history of abuse (Baron, 1997; Terrell, 1997; Whitbeck, Hoyt, & Ackley, 1997). Finally,

associated with the above mentioned activities are frequent problems with the police (McCarthy & Hagan, 1992; Schissel, 1997).

The dangers and stresses of the street motivate newcomers to seek out others, and find both security and companionship in a group sometimes referred to as a street family (Hagan & McCarthy, 1997). It is unclear as to degree and ways in which street family membership is helpful. Ennett, Bailey, & Federman (1999) found that street youth who are a part of a social network engage in fewer risky behaviours such as illicit drug use, multiple sex partners, and survival sex. Hagan & McCarthy (1997) found that members of street families were more depressed and had a greater involvement in all types of individual criminal activity. Taking the approach of examining perceived social support as opposed to street family membership, social support has been found to be negatively related to depression and poor health, though was not related to substance use (Unger, Kipke, Simon, Johnson, Montgomery, & Iverson, 1998). Group involvement does not appear to be ubiquitous since a significant proportion of street youth report that they are not a part of a social network (Ennett et al., 1999). Additionally, having a social network may be a function of the “type” of street youth a given person is (e.g., crack addict, prostitute) (Kidd, 1999a; Radford et al., 1989).

Drug abuse and the addiction concomitant to that abuse are major problems for street youth (Baron, 1999; Greene & Ringwalt, 1996; MacLean, Paradise, & Cauce, 1999; McCarthy & Hagan, 1992; O'Connor, 1998; Roy, Lemire, Haley, Boivin, Frappier & Claessens, 1998; Yates et al., 1988). Drug abuse has been found to be a function of parental drug use and the type and severity of abuse in childhood (Adlaf, Zdanowicz, & Smart, 1996; Baron, 1999; Schissel, 1997; Sibthorpe, Drinkwater, Gardner, & Bammer, 1995). Drug abuse is often viewed by street youth as a way of reducing/forgetting the pain and stress they face daily (Adlaf et al., 1996; Bradley, 1997; Kidd, 1999a). Street youth, especially those involved in prostitution, are at an extremely high risk for AIDS related to drug abuse and the frequent occurrence of unsafe sexual practices (Booth, Zhang, & Kwiatkowski, 1999; DeMatteo, Major, Block, Coates, Fearon, Goldberg, King, Millson, O'Shaughnessy, & Read, 1999;

O'Connor, 1998; Rotheram-Borus, Koopman, & Ehrhardt, 1991; Yates et al., 1991). At a general level, the mortality rates for street youth have been found to be 12-40 times that of the general population (Roy, Boivin, Haley, & Lemire, 1998; Shaw & Dorling, 1998).

### Mental Health

Related to the extremely negative backgrounds common to many street youth and the subsequent stressors they face on the street is a high incidence of mental disorders (Buckner & Bassuk, 1997; Feitel et al., 1992; Whitbeck, Hoyt & Bao, 2000). Depression is the disorder which appears most frequently (Ayerst, 1999; Kurtz, Kurtz & Jarvis, 1991; MacLean et al., 1999; Rotheram-Borus, 1993; Whitbeck, Hoyt & Yoder, 1999; Yates et al., 1988), followed by conduct disorder, (Buckner & Bassuk, 1997; Feitel et al., 1992; McCaskill, Toro, & Wolfe, 1998), trauma and post traumatic stress disorder (Feitel et al., 1992; Goodman, Saxe & Harvey, 1991; Yates et al., 1988), and psychotic symptoms (Mundy, Robertson, Robertson, & Greenblatt, 1990). The feelings and behaviours that these disorders encompass appear linked with the degree and type of abuse suffered by the individual (Kurtz et al., 1991; Schissel, 1997). Most commonly mentioned are feelings of low self-esteem (Feitel et al., 1992; Hagan & McCarthy, 1997; Kipke et al., 1997; Powers et al., 1989; Radford et al., 1989), loneliness (McCarthy & Hagan, 1992; Savin-Williams, 1994), powerlessness/lack of control (Bradley, 1997; Powers et al., 1989; Radford et al., 1989; Terrell, 1997), and anger/aggression (Schissel, 1997).

One group among street youth who have an extremely high incidence of mental health problems are those involved in prostitution. This is not surprising since the above mentioned symptoms have been linked with childhood abuse and prostitutes report more frequently histories of abuse (especially sexual abuse) relative to other street youth (Schissel, 1997; Yates et al., 1991). Street youth working as prostitutes are at a greater risk for sexual and physical violence (Yates et al., 1991), and are often found to be suffering from posttraumatic stress disorder and depression (Earls & David, 1989; Farley & Barkan, 1998). In addition, those engaged in prostitution have been

found to have the lowest self-esteem among street youth (Radford et al., 1989). As well, prostitutes have been found to be twice as likely to have used injection drugs than other street youth (O'Connor, 1998).

### Suicide

A large number of the past and present stressors faced and experienced by street youth have been identified as major risk factors for suicide among the general adolescent population (Beautrais, Joyce, & Mulder, 1996; Pagliaro, 1995). In the last four years there has been a dramatic increase in the number of publications on street youth suicide with consistent findings of high levels of suicidality.

Almost all research done on street youth suicidality has focussed on suicide attempts. This likely reflects the difficulty in determining completed suicide rates among a transient population who frequently engage in risk taking activities. While there is variability in the attempt rates found in different studies, most reports indicate an attempt rate between 20 and 40% (Feitel et al., 1992; Greene & Ringwalt, 1996; McCarthy & Hagan, 1992; Molnar et al., 1998; Ringwalt et al., 1998; Rotheram-Borus, 1993; Stiffman, 1989; Yoder, 1999), with rates reported as high as 73.5% (Kidd, 1999a). See Appendix A for a summary of suicide attempt rates found among street youth. The only study found that reports completed suicide rates is Hwang (1999). In this study conducted in Toronto (Ontario death records 1995-1997), it was found that homeless males aged 18-24 had a completed suicide rate of 77/100,000. This rate is 10.3 times higher than the general population.

Several studies have been undertaken in an effort to determine the etiology of the high level of suicidality among this group. The area that has received the most attention is the link between physical/sexual abuse and suicide attempts. This is a promising avenue of investigation given the high levels of abuse in the backgrounds of many street youth and what is already known about abuse as a risk factor in the general population (Pagliaro, 1995). It has been found that street youth who report being physically and/or sexually abused are more likely to have attempted suicide/be suicidal



(Kurtz et al., 1991; Molnar et al., 1998; Schissel, 1997; Yoder, 1999). Drug use has also been investigated as a risk factor. It has been found that street youth who use drugs are at a higher risk for suicide (Greene & Ringwalt, 1996; Stiffman, 1989), as are street youth who have family members with substance abuse problems (Greene & Ringwalt, 1996; Schissel, 1997). Poor self-esteem is another factor which has been investigated, and has been linked to increased depression (Smart & Walsh, 1993) and suicide in this group (Yoder, 1999). Other factors identified include depression, having a friend who attempted suicide, HIV/AIDS infection, and being a throwaway (Ringwalt et al., 1998; Rotheram-Borus et al., 1991; Yoder, 1999). Additionally, it has been found that females have higher suicide attempt rates and previous attempts are a risk factor for subsequent attempts (Rotheram-Borus, 1993). Finally, street youth who work as prostitutes attempt suicide more often as would be expected given their higher levels of pathology (Radford et al., 1989; Yates et al., 1991).

## **Chapter 2: Positivism and Constructivism as Approaches to Inquiry: History and Philosophy**

In order to provide a backdrop for the methodology of the present study, it is necessary to give a brief overview of the history and philosophies that lie behind the development of qualitative and experimental approaches to inquiry. Readers from disciplines other than psychology may wonder why, in this paper, it is necessary to provide an argument for the use and utility of qualitative research. In much of mainstream psychology qualitative methods are regarded skeptically and rarely used (Kidd, 2001). Thus, within the context of psychology a rationale must be given which might not be deemed necessary in other fields in which qualitative methodologies are better established.

Post-positivist and constructivist theoretical paradigms are used in the development of a framework for this discussion of experimental and qualitative methodologies. These two terms are being used in a broad sense for the sake of clarity, to represent a spectrum with post-positivism (experimental) at one end, and constructivist approaches (e.g., poststructural, post-modern, feminist) at the other [see Denzin and Lincoln (2000a) for discussion of the paradigms situated along this dimension]. Post-positivism is used rather than positivism since the majority of psychologists would likely not subscribe to the more extreme positivist stance. The following discussion is derived from Lincoln and Guba (2000). Each paradigm is described in terms of ontology [or, alternately, cosmology] (What kind of being is a human being? What is the nature of reality?), epistemology (What is the relationship between the inquirer and what is known?), methodology (How do we know the world, or gain knowledge of it?), and research purpose (Denzin & Lincoln, 2000b, p. 19).

Ontologically, post-positivists ascribe to a critical realism. It is emphasized that there is a reality outside of the inquirer that can be studied, but acknowledge that only an approximate probabilistic understanding of reality can be obtained. Epistemologically, post-positivists strive to study and know their subject matter from an

objective standpoint, but are aware that the ideal of objectivity is seldom if ever completely achieved. The primary methodology employed by post-positivists is the experimental model that is evaluated according to models of validity and reliability. Typically, the goal is explanation and prediction through a process controlled by the investigator.

Constructivist ontology is relativist. Each person's reality is formed as she/he interprets her/his world through a pre-constructed system of ideas, theories, values and attitudes. An emphasis is placed on accessing the subjective experience of the participants and the meaning they give to their experience. For example, gay identity would be viewed not as an inherent characteristic, but rather a culturally constructed belief/meaning system that is open to change. Epistemologically, constructivists view inquiry as a process in which the findings are a culmination of both the participant's and researcher's meaning systems interacting, and the idea of objectivity is rejected. The methodology most often employed is qualitative, and traditional understandings of validity and generalizability have been altered or rejected. The goals of constructivism are typically to develop understanding and, with maximal involvement of the participants, help them to deconstruct destructive beliefs. An example of this would be breaking apart the belief of 'gay identity as a flaw or sickness' and helping to establish the belief of 'gay identity as a strength'. Most qualitative researchers subscribe to paradigms that would be placed towards the constructivist end of the above dimension. By no means, however, are all qualitative researchers constructivists.

These two philosophical/methodological stances are almost without exception presented as thesis and antithesis with members of either camp strongly critical of the other. One hears positivists/quantitative researchers accused of using their methods (wittingly or not) for the purposes of social oppression (Lather, 1991), or of their methods being fundamentally flawed (Smith, Harre & Langenhove, 1995). From the positivist perspective constructivism/qualitative research is often considered (if it even warrants consideration) to be merely *folk psychology* (Bruner, 1990). Folk psychology being the study of people's subjective sense of their mind, regarded by more extreme

positivists as at best an artefact/spinoff of cognitive processes but having no relevance in the scientific study of causation (Bruner, 1990).

The debate regarding the relevance of more constructivist approaches in the field of psychology has barely begun to take shape at the fringes of mainstream psychology. The most superficial perusal of the research literature would leave the reader convinced that the quantitative approach is the only method in psychology (Kidd, 2001). There are, however, shifts occurring in the theory and practice of inquiry into human phenomena. The philosophical stance that gave birth to positivism in psychology has been strongly criticized and largely abandoned by philosophers (Putnam, 1994; Shotter, 1975). Additionally, qualitative methods have become recognized and established in other fields (e.g., education, nursing, social work) (Rennie, 1999). What follows is a brief history of the two schools of thought and a discussion of the philosophy underlying the debate. I recognize that what follows barely penetrates the surface of two very rich traditions, keeping necessarily brief what would take another dissertation to cover in depth.

### Background

Both experimental science and hermeneutics, a precursor to constructivist paradigms, coalesced in the renaissance period. Experimental science arose from the revolutionary work of Bacon and Galileo who defined procedures and theory to examine nature at a time when superstition and unthinking acceptance of a divine order were predominant (Langenhove, 1995; Putnam, 1994). At roughly the same time an approach to inquiry known as hermeneutics came into some prominence as a method for interpreting religious texts. Basically, hermeneutics involved seeking the meaning of texts and providing an argument to support the particular understandings derived in the interpretation (Atkinson & Hammersley, 1994).

Scientific methods continued to be refined through the work of Newton, and the philosophy of Kant and his search for reason through empirical study. Around the turn of the century psychology and the other divisions of the social sciences were created,

and common understanding maintains that the scientific approach to psychology became established in the laboratories of pioneers such as James and Wundt (Langenhove, 1995). Less well-known is the fact that both James and Wundt were familiar with, and made extensive use of qualitative methods. The reductionist and objective tenets of the scientific method were reinforced by the behaviourism of the 50's (Smith et al., 1995), and the computer-based models of the 60's (Taylor, 1971). Firmly established as *the* method of inquiry in psychology, the future is portrayed as a search for more refined and effective experimental and statistical techniques (Langenhove, 1995).

Tracing the course of hermeneutics to the present is a difficult proposition given the many and varying philosophical perspectives that have developed over the past century. The hermeneutic approach to inquiry was developed by Dilthey and then Husserl to form phenomenology (Holstein & Gubrium, 1994). Though the phenomenology originally defined by Husserl has expanded, it essentially involves abandoning the void positivism places between the internal and external world, and examining phenomena as the meanings people ascribe to their experiences (Giorgi, 1995). From phenomenology a myriad of constructivist/interpretivist paradigms were developed.

Within this broad conceptualization of non-positivist inquiry is a considerable amount of debate. The various positions could be placed along the dimension described above with some qualitative researchers holding radical constructivist positions and others positioned much closer to the post-positivist end of the dimension. Some theorists such as Husserl and researchers such as Giorgi and Denzin attempt to find a compromise between the two positions, while on the more extreme constructivist end are theorists such as Heidegger and Gadamer (Rennie, 1999; Schwandt, 1994). Researchers who attempt to find a middle ground between the equally difficult problems that arise from pure empiricism and pure relativism are essentially involved in a search for subjective experience that is situated in a methodology that allows for a certain degree of objectivity (Schwandt, 1994; Smith, 1989). An example of the

methodology used by these ‘middle ground’ researchers is grounded theory as described by Strauss and Corbin (1990). Further along the scale towards more relativistic understanding is a philosophical hermeneutic approach to inquiry. This approach stresses the importance of interpretation as inquiry, stating that it is impossible to escape the subjective and rejects any sense of objectivity or ability to describe phenomena (Schwandt, 1994; Taylor, 1971). The difficulty with this understanding is putting it into practice in a coherent manner (Rennie, 1999).

In the following sections I hope to provide an outline of the fundamental questions that underlie the approaches to inquiry and thought touched upon above. This necessarily involves moving away from psychology and related disciplines into the field of philosophy, since such questions generally defy scientific inquiry and are usually dismissed by positivists as hopelessly metaphysical or “pseudo-questions” (Putnam, 1995).

### Philosophical Underpinnings

In an effort to get to the brass tacks of this discussion, I shall reduce a large number of overlapping and redundant titles/philosophies to realism and relativism. Inherent to realism is the idea that there exists an external “real world” that can be investigated objectively and about which truths can be found (Guba & Lincoln, 1994; Margolis, 1986). We are privileged in the realist framework to have a world transparent to our inquiries; we can aspire to gain positive knowledge (hence the term positivist) or knowledge of the ultimate nature of things (Loux, 1998; Margolis, 1986; Putnam, 1995). Principle figures in the development of this philosophy were Auguste Comte in the 19<sup>th</sup> century, and Rudolf Carnap and Hans Reichenbach in first half of 20<sup>th</sup> (Putnam, 1995). To the contrary, relativism basically means everything we know and can know is relative to the culture or person generating that knowledge, and no relative “construction” of knowledge is any better or worse than another (Guba & Lincoln, 1994; Margolis, 1986). Taken to its extreme, it forms the old philosophical stumper: how can we know if anything outside of our minds exists? The relativist framework has alternately been referred to with terms such as idealism, skepticism, romanticism,

emotivism, nihilism, and solipsism (Shweder, 1991), and in philosophy this type of knowledge is often called “intentional”. Key proponents of relativism were Franz Brentano in the 19<sup>th</sup> century and his student Edmund Husserl in the 20<sup>th</sup> (Putnam, 1995). The more extreme relativists, those who claim that any knowledge outside of the subjective does not exist, are thinkers such as Heidegger and Gadamer whose position has come to be known as philosophical hermeneutics (Rennie, 1999).

The dimensional perspective bound by realism and relativism is essentially an effort to answer the question: How does thought and language hook up with the world? [The following discussion of past and current approaches to this question is based upon Nagel (1986), Loux (1998), Margolis (1986) and Putnam (1995)]. This is a question that has been given considerable attention by minds such as Aristotle, Aquinas, Kant and Wittgenstein, and has been widely regarded but not dismissed as a confusion or unanswerable. An example of a major historical effort in this area is Alfred North Whitehead’s ‘Process and Reality: An Essay in Cosmology’. Indeed, the above discussion of ontology, epistemology and methodology and the various positions taken could be regarded within Whitehead’s conceptualization of ‘actual entity’ (existent reality) and ‘prehension’ (what can be known about reality) (Whitehead, 1929/1978).

So with what if any conclusions have centuries of philosophical thought and argument left us? Essentially the consensus appears to be consistent with the fireside philosophy stance that extreme viewpoints of any ilk are almost as a rule inherently wrong and that the better answer lies somewhere in the middle. Strong arguments have been developed against both extreme realism and relativism. Regarding realism: First, it is logically and conceptually impossible for humans to stand outside of themselves and view the world independent from the process of their inquiry with its distortions, alterations, and failures. Stated differently, we cannot see how thought hooks up with the world because we cannot think without using the thought that is hooked up with the world. In such a view we have created a new dualism, a gap between the mind and the world. The absurdity of such a position has been identified as a “view from nowhere” (Nagel, 1986). The popular answer to this problem, and the one psychology appears to

lean heavily on, is to eliminate the mind as error variance or otherwise reduce it to non-intentionality.

The problem that arises next, and one which I have been guilty of, is taking the above arguments to be supportive of the antithesis of realism. Doubts about this can be sewn based purely on logic: A view that is illogical based upon the extremity of its stance in a given direction probably renders the arguments of an extreme in the antithetical direction equally illogical. Relativism is the assumption that in no way can we step outside of ourselves, or gain any perspective on the way our thought links with the world. This is a kind of internal realism and again presents itself as a “view from nowhere”. Also, in a catch-22 situation relativists commit the same error of the realists they attack: they somehow have the ability to see the world as it is by saying we cannot see the world as it is. Attempting to incorporate some degree of objectivity has clearly been useful in expanding human understanding, a point regarding utility that is not often acknowledged by extreme relativists.

Ironically, each of the extremes of realism and relativism has its appeal for what is apparently the same reason. In each camp are groups of people who desire certainty. The realists want to be certain about their knowledge of an external world about which they can make predictions and derive causal relationships. Here lies the trap of over-objectification. The relativists want a type of certainty once removed, or in other words be certain that nothing is certain. This despite their inability to provide proof that objective values are impossible. Since neither extreme appears provable or practicable, there is a need to strive for some form of integration (Nagel, 1986).

Psychology in its formation and development followed the model of the natural sciences developed from philosophy circa early 20<sup>th</sup> century, likely in an effort to validate itself in the public eye, and due to the elegant and clear methodology which defines natural science (Smith et al., 1995). In recent years, however, the more extreme realist stance of psychologists has softened somewhat to a critical realism described above under the paradigm of post-positivism.



### The Fit with Psychology

One important consideration in evaluating the fit of the natural science model with psychology lies in how we are defining psychology (Putnam, 1995). If one is considering studies of perception, then the positivist model will likely be much more applicable than for studies of clinical psychology where there is a much greater sociocultural and meaning contribution. Mainstream psychology has clearly recognized this problem and has made numerous methodological advances to address such limitations (e.g., process research, structural equation modelling). Additionally, only the most radical relativist would assert that empirical efforts in psychology have achieved nothing in increasing knowledge and the quality of life for humans. Thus, merely looking at utility suggests that positivist approach to psychology has led and will lead to advances in human understanding. Is this effort sufficient?

My question is: why has most of the discipline rejected out of hand alternate approaches to inquiry? While the realist approach to inquiry has increased knowledge, there remains a vast number of questions yet to be answered despite nearly a century of massive efforts by thousands of intelligent individuals. Is this because the problems are too difficult, or is a rigid adherence to the natural sciences model limiting progress? (Langenhove, 1995). Clearly, a major sticking point lies in methodological concerns. First, deriving methods of inquiry from relativistic approaches is exceedingly difficult (Rennie, 1999). In addition, while positivism is defined largely by method and less by metaphysical theory, relativists spend an enormous amount of time contemplating metaphysics and comparatively little to questions of method. There have been, however, great advances in recent years in developing standards against which qualitative research may be evaluated (Maxwell, 1998; Merrick, 1999). Another major problem is the general unpalatability of qualitative methods to quantitative researchers as it runs contrary to many of the principal tenets upon which the scientific method is founded.

It is to this last point that I present the following arguments: First, I argue that in psychology quantitative researchers do qualitative research regularly. For example, in

clinical psychology the researchers talk with their patients, reflect on what they have seen, discuss and check their ideas with patients and other psychologists long before they begin their study. In this sense, would having access to and formally conducting qualitative studies not be more thorough and in the spirit of the scientific method than the alternative? Qualitative research also can address the loss of creativity and limitations that arise from deriving hypotheses only/primarily from previous studies. Indeed, the potential contribution of qualitative research in this area is beginning to be acknowledged in mainstream psychology in which methodology texts are incorporating a chapter on qualitative methods (e.g., Kazdin, 1998), and one occasionally sees a suggestion in the conclusions of a study that qualitative exploration of the problem should be done. Second, would objective researchers not test the potential contribution of a research tool increasingly recognized in related fields despite their unsubstantiated doubts about its efficacy? Finally, is it not the task of psychology to make a greater effort to understand how we understand, and critically examine the methods and theories of inquiry that are in use (Shotter, 1975)?

### Constructivist paradigms and Positivism: Strengths and Weaknesses

Constructivist approaches have a lot to offer, deriving strength from doing what positivism is averse to doing. It involves de-emphasizing the need to isolate parts of phenomena and examine the linear ways in which these isolated pieces influence each other. The much sought after but seldom (if ever) acquired objectivity of positivism is rejected/de-emphasized, and the existence or validity of universals is questioned. This approach seeks depth of investigation, incorporating an examination of wholes or the gestalt. Research conducted under such a philosophy can potentially address the complexity of a phenomenon such as suicide by focussing on what experiences *mean* to the people involved in them (Bruner, 1990; Maxwell, 1998). It may access the subjectivity of the participant, the complexity of interacting factors, and how they are stationed contextually and culturally (Giorgi, 1995).

The problem with such an approach, however, lies precisely with the strength it gains from moving away from universals. For many practical purposes universals are

necessary. For example, in designing a suicide intervention programme, it would be desirable to know around which group it would be best situated, and what “type” of person interventionists should focus their efforts on. In such circumstances comparisons between groups are desired (e.g., native vs. non-native), as well as information regarding if and to what degree a variable is predictive of a completed suicide (e.g., loaded gun on the coffee table vs. car running in a closed garage). These are universals in the sense that they are pieces of information applied to a large group of people.

In essence, both approaches to the study of human phenomena lose something when transferred from the philosophical to the practical. Even constructivists in their search for meaning must make assumptions about shared meanings, and merely in the action of writing down what they have found remove from the findings the element of fluidity which is such an important part of meanings. Enter into that the meaning system of the reader and you are twice removed from the participant’s construction. Written between the lines of such work are assumptions of stability and permanence that cannot be undone regardless of the disclaimers to the contrary. Too often positivism and constructivist paradigms are painted in the light of thesis and antithesis. Both involve assumptions and attempts at putting into practice ideas and ideals which are enormously difficult to apply to the study of psychological phenomena. Perhaps a better approach is to understand that each philosophy has its strength and can work in service of one another.

### **Chapter 3: Cultural Implications**

#### **Meaning and Suicide**

As mentioned earlier, the research question is essentially: What meanings does suicide hold for street youth? The word “meaning” involves the reality people form for themselves as they experience, interpret experience, and act upon that interpretation leading into and forming subsequent experiences (Maxwell, 1998). Having meaning as a part of the research question indicates that the goals of the study are to examine the thoughts, feelings, and behaviours that form the construct of suicide. Inherent in an investigation of meaning are the contexts from which the participant’s understandings stem, and similarly, the cultural rules and messages which formed both understanding and that which is understood.

A person’s subjective world can be regarded as an enormously complicated interacting set of meanings. George Kelly (1955) characterizes such an organization elegantly in his discussion of construct systems. According to Kelly (1955), constructs are organized hierarchically within the individual where superordinate or core constructs are used by the individual to maintain their identity, and subordinate or peripheral constructs can be changed or threatened without fear or anxiety. Thus, the process of inquiry can access meaning at many levels. Inquiry such as psychotherapy and in-depth phenomenological studies may access very deep and intricate levels of meaning while studies such as the present one may never access meanings at such a depth. At the opposite extreme are hypothetico-deductive studies which may only tangentially access meaning (if at all) through the imposition of the researcher’s meaning system as well as a methodology that denies the participant the opportunity to express their own meanings outside of the format imposed by the researcher.

To bring this discussion of the meanings of suicide to a more concrete level it is perhaps best to look at what, exactly, “suicide” is. Kral (1994), building upon Shneidman’s (1996) theory that suicide is a lethal response motivated by the need to reduce/stop emotional pain which has become unbearable, stated that suicide is essentially an idea about how to stop the pain. A lethal idea made action through the

intensity of an extremely powerful motivator. Hence the goal of this study is to find out what are street youth's ideas of suicide.

The goal that suicide seeks to achieve is extremely adaptive. As the most primitive organism withdraws quickly from noxious stimuli so does the person wish to withdraw from her/his tormented mental state. The problem lies in the escape route. As one participant in the pilot study said regarding emotional pain: "...you just want to eliminate it...unfortunately when it's your feelings the natural conclusion is to eliminate self to eliminate feeling." (Kidd, 1999a, p. 67). The first question is: from where does the idea of suicide come? As was discussed by Kral (1998), we are not born with the idea of suicide. If we were, wouldn't the suicide rate for young children be much higher? Anyone who has observed a small child in a mall who has lost his or her parent will know that children are capable of experiencing intense emotional distress. Children who are brutalized by abusive parents experience prolonged high levels of distress, arguably made worse by their inability to escape the violence and understand the motives.

### Internalization of Meaning

So where does this idea come from? The answer can be heard from any teacher or parent: Watch and learn. Listen and learn. We get ideas from watching people interact and behave, and listening to what people say to each other and ourselves. There is evidence that from a very young age children are highly motivated to learn and incorporate meanings from their sociocultural environment (Gardner, 1995; Shweder, 1995). These meanings are incorporated through multiple and varied symbol systems such as observation, instruction, overheard conversations etc. (Gardner, 1995). The scale of this "meaning incorporation" early in a human's life has prompted some theorists to suggest that we are biologically designed for it, with a great deal of human neural development taking place after birth (Shore, 1996).

It is necessary at this point to explain what I am talking about when I speak of meanings being "internalized". This calls for a discussion of where meanings come

from, how they are incorporated, and how meanings are manifested in the mind of a given individual, questions that can be grouped under the study of culture. Such questions have been argued over heatedly for hundreds of years, and in this century have been of primary importance to the various strains of anthropologists, and more recently cultural psychologists. Here I shall provide a brief background of the study of culture, and give an overview of the theoretical stances that have been developed.

Current cultural theory provides a good framework within which to discuss the meanings of suicide held by the street youth interviewed in this study. Culture is no longer thought of as the property of 'the other, other societies, etc.'. As such, this study is a study of culture. Different only in that it is 'culture in our own backyard'. These ideas are elaborated upon in the following section.

#### Culture – Definition and History.

While the first step in this task is to define "culture", this is an extremely difficult and likely impossible thing to do. Not only has the definition been in a constant state of flux, but there are currently many varied conceptualizations of the concept of culture. One popular approach is to provide the classic definition of culture proposed by Kroeber and Kluckhohn (1963) derived from a synthesis of over 100 definitions of culture:

"Culture consists of patterns, explicit and implicit, of and for behaviour acquired and transmitted by symbols, constituting the distinctive achievement of human groups, including their embodiments and artefacts; the essential core of culture consists of traditional (i.e., historically derived and selected) ideas and especially their attached values; culture systems may, on the one hand, be considered as products of action, on the other as conditioning elements of further action." (p. 357)

This definition, however, is not only rather difficult to wrap one's head around, but also somewhat ambiguous and dated. Currently, culture is usually described as a

system or grouping of shared ideas/meanings and their attendant goals, thoughts, emotions, and behaviours that are learned and act as a “lens” through which we perceive and structure reality (e.g. Brake, 1985; Bruner 1990; Keller, 1992; Kroeber, 1987; Rosaldo, 1989; Strauss & Quinn, 1997; Veroff & Goldberger, 1995). Geertz (1973, p. 145) more eloquently stated that “...man is an animal suspended in webs of significance he himself has spun, I take culture to be those webs”. Recently, a number of theorists have been examining culture from a cognitive perspective, proposing that culture is a heterogeneous collection of “models” or schemas upon/through which the above-mentioned elements are organized (Keller, 1992; Shore, 1996; Strauss & Quinn, 1997; White & Lutz, 1992).

The following description of the history and development of theories of culture and the study of culture is closely related to and linked with the earlier discussion of realism and relativism as underlying the development of qualitative and quantitative methodologies. Some key questions that have been developed through the study of culture concern the value and importance of objectivity and subjectivity, questions of universalism and relativism, and where culture is to be found. Early studies of culture done in the Victorian period were heavily influenced by Darwinian evolutionary theory and attempted to devise hierarchies of cultural development (Shore, 1996). Around the turn of the century the popularity of the evolutionary approach waned, and attention was turned to questions of “psychic unity” or the “problem of rationality” (Shweder, 1991). This is basically the question of to what degree do people share traits/characteristics, and how deep does the diversity run? This can be reframed along a spectrum of universalism and relativism. These fundamental questions were explored and developed through the pioneering work of early theorists such as Franz Boas, William Rivers, Emile Durkheim, Levy-Bruhl and Levi-Strauss [Examination of the theoretical positions of the early anthropologists is beyond the scope of this work. For a more detailed description see Shore (1996) Chapter 1].

The stance taken by most anthropologists through the first half of the twentieth century and into the sixties is analogous to the positivist approach to research and

theory that currently dominates psychology. Structuralism and its attendant objectivism was the major approach to understanding and studying culture (Rosaldo, 1989; Strauss & Quinn, 1997). According to this viewpoint culture was regarded as a property of the “other”. Stated differently, we have psychology and other people have culture (Rosaldo, 1989; Schwartz, 1992). Culture phenomena were viewed as stable, and public meanings influencing action in a uniform way. They were often examined in terms of rites and rituals interpreted from a functionalist perspective by a Western scholar, and denied the intentionality or subjective experience of the individual (Keller, 1992; Strauss & Quinn, 1997). An emphasis was placed upon seeking exceptions to Western culture and universals (Harkness, 1992). Its positivist underpinnings can be located in the term used to refer to this era of the study of culture: ethnoscience (Shore, 1996). The philosophical roots of structuralism can be found in the Platonic search for “pure forms” that lay behind superficial differences and Descarte’s emphasis on rejecting subjective experience as flawed, unreliable and akin to superstition (Shweder, 1991).

There was a major shift in cultural theory in the late 1960s and 1970s. The objective study of rigid and categorical cultural “scripts” were largely abandoned as inadequate by a movement headed by theorists such as Clifford Geertz who emphasized the importance of examining subjective experience (Rosaldo, 1989; Shore, 1996; Strauss & Quinn, 1997). This was a movement located for the most part in North America. The fixed and stable view of cultural practices was replaced by theory that allows for change, inconsistencies, contradictions, and fuzzy boundaries (Rosaldo, 1989). Culture came to be understood as a matter of meaning, or the subjective interpretation of experience, with post-structuralists such as Foucault emphasizing the constructed nature of our understandings (Hannerz, 1992; Strauss & Quinn, 1997). Furthermore, people began studying culture in their own backyard, and for the first time paying serious attention to local culture (Rosaldo, 1989). Within this view, social context is synonymous with culture (Szapocznik & Kurtines, 1995). The old theoretical problem, however, of “where is culture?” continued with Geertz emphasizing culture as something ‘out there’.



Cognitive anthropologists sought culture in cognitive schemas somewhere between the internal and external, and those who take more radical constructivist viewpoints located culture solely within the individual (Rosaldo, 1989; Strauss & Quinn, 1997). Running across these various viewpoints is a spectrum of those taking a more romanticist view which doesn't pay much attention to the task of locating culture (Shweder, 1991) to those who view culture from a connectionist stance describing theory not far removed from behaviourism (Strauss & Quinn, 1997).

### A Cognitive Conceptualization of Culture – Current Understandings

As mentioned above, a major movement in cultural theory is focussing on the cognitive underpinnings of culture. Specifically, cognitive models or schemas are viewed as the structures upon and through which our cultural understandings/meanings are mediated (Keller, 1992; Schwartz, 1992; Shore, 1996; Strauss & Quinn, 1997). These cultural anthropologists make an effort to locate culture in the mind, rejecting Geertz's abstract notion that culture is located someplace outside of the individual (Shore, 1996). These models are the basis or lens through which we experience our world. They have cognitive, evaluative, affective, and motivational/forceful components (Schwartz, 1992; Strauss & Quinn, 1997). It is understood that we are primed from birth to form these models, deriving them from our sociocultural environment, and each person's culture is thought to be a collection of models both within the person and in the world they inhabit (Shore, 1996). For example, upon entering a restaurant we remember the model for behaviour in a restaurant formed upon our past experiences and have a set of thoughts, expectancies, actions, and feelings as a result of that understanding.

The ways that these models influence our understanding is extremely complex. First of all, cultural models are transformed continuously through their use (Shore, 1996; Strauss & Quinn). Second, there are many different types of models ranging from those which are instituted and similar to the structuralist conceptualizations of "rites" (e.g., wedding), to those that are more idiosyncratic and specific to the individual. These models interact with one another and influence one another (Shore,

1996). Furthermore, models vary in the depth by which they influence our experience, with some being regarded as “foundational” or being at a general worldview level (i.e., schemas activated in a wide variety of contexts and into which more specific models are subsumed). Additionally, there is a movement within anthropology that builds upon the psychoanalytic framework, examining the ways in which models may exist and have effects at varying levels of consciousness (Shore, 1996; White, 1992).

These models are thought to have motivational “force”, and when activated to varying degrees compel the person to act according to the prescription for behaviour defined by that model (Strauss & Quinn, 1997). This force is thought to increase the more the model is used, and many models are created through the necessity of fulfilling goals (Keller, 1992; Strauss & Quinn, 1997).

The flexibility of models is another aspect emphasized by theorists (Shore, 1996; Strauss & Quinn, 1997). Models not only change over time as they are influenced by new experiences, but also are context-sensitive. In other words, if and how they are activated will depend upon the current experience of the individual. The reason, however, that culture can be studied is that these models are not infinitely flexible and arbitrary (Rosaldo, 1989; Shore, 1996). Rather, a middle road is sought between the older structuralist view and more radical constructivism. While models are flexible and do not always appear the same all of the time, there are limits to their flexibility both in a given context and over time (Shore, 1996). In this regard, these theorists have also spoken of the neurological structures in which cognition takes place (Strauss & Quinn, 1997). The idea basically is that while neural changes do occur, and there is flexibility within response patterns, there is a limit to the rate at which change can occur. These “internal” limits to change/flexibility are likely bolstered by the ways in which the challenges faced by groups of individuals in their given environment are relatively stable. Therefore, an enormous amount of change in a short period is not required (Bruner, 1990; Strauss & Quinn, 1997).

The description of models thus far, and their usefulness as a tool with which we may interpret and act within our environments and experience is simplistic, for the most part assuming that we have separate individual models activated by separate contexts. The complexity increases exponentially when one considers that people have more than one model that may be applicable for a given situation. Furthermore, the models activated may not be due expressly to a particular situation but rather a string of experiences. Next, consider that humans are cognitively active, and external events may not be the only elements occurring to elicit a model. From this, many writers speak of a given experience, mediated by a model and all it entails (thought, feeling, motivation, behaviour), as occurring at an “intersection” of events both internal and external (Rosaldo, 1989; Shore, 1996; Strauss & Quinn, 1997).

Within this framework, the shared nature of cultural meanings/models must be stressed. As mentioned earlier, we learn these models in a sociocultural environment, an environment we share with other individuals (Strauss & Quinn, 1997). Furthermore, we watch other people, listen to them and talk with them. Thus, given the flexible nature of models, they will be affected by others, and often changed in ways to facilitate a sharing of meanings (models) (Bruner, 1990). As the above discussion indicates, however, moving beyond structuralism gives rise to numerous complications. As culture is no longer regarded as a discrete and essentially uniform entity (e.g., Ilongot head-hunter), it is beginning to be recognized that a person is the product of many cultures and a member of many cultures simultaneously (Strauss & Quinn, 1997). For example, a given person might be an African-American, an elderly person, a woman, a Baptist, a resident of the projects etc. All of these groups may provide models that the woman uses to make sense of her world, and while she is a member of each culture, she is not *only* a member of a given culture.

Conceptualizing culture in such a way results in an understanding of culture as fluid or “fuzzy” rather than linear and discrete (Strauss & Quinn, 1997). If one imagines a collection of models of varying breadth, and in a person’s awareness to varying degrees, and shared with other people in varying degrees, all changing over

time and flexible, the fuzziness becomes evident. Add to this idiosyncratic understandings that are not cultural (Shore, 1996), improvisation to compensate for model shortcomings (Rosaldo, 1989), and situations that have many potential interpretations (Holland, 1992). Though adding this tremendous complexity to notions of culture, the cognitive view has played an important role in bridging the gap between earlier theories of culture as being 'out there' and psychology being 'in here'. The goal of these theorists, as stated by Shore (1996) is to place "culture in mind".

### Culture, Suicide, and the Present Study.

The next question is: How does the conceptualization of culture outlined above relate to suicide and the present study? Suicide is the label given to meanings that are available in our sociocultural environment, and can therefore be internalized as models in the individual. Suicide is basically an idea that is provided to us, through culture, as a possible solution to the problem of emotional (and/or physical) suffering (Kral, 1998). As mentioned above, models are often created to achieve goals, and have motivational force. Thus suicide is a lethal means through which the very adaptive goal of reducing/eliminating suffering may be achieved. The concept of suicide as a culturally bound and lethal idea of a way of achieving the goal of reducing emotional pain is described by Kral (1998).

Several of the propositions made by cognitive anthropologists, if they are accurate, add to the concern evoked by the problem of suicide. First, Shore (1996) highlights the way in which models that are contradictory to previously formed models are often given greater attention and have greater weight than other models. This would exacerbate the cultural "stickiness" of the idea of suicide since it is a model that is contradictory to culturally imbued and likely to some degree biologically determined models of self-preservation and comfort. Second, Strauss & Quinn (1997) point out that models formed and accessed during times of emotional arousal are strongly embedded and often have greater motivational force. Therefore, if the idea of suicide is salient during periods of emotional turmoil it will likely be more difficult to modify or replace. Additionally, Strauss & Quinn (1997) state that when models become familiar,

other options may not be imagined. This sounds similar to the well-known tunnel-vision phenomenon of suicidal thought. Third, researchers must guard against applying a “ritual” or “prescription” understanding to models of suicide, as structuralists might have. As is the case with other cultural models, suicide is a fuzzy concept and dependent upon many conditions that are difficult to describe and predict. Therefore, the findings of researchers must be regarded as approximations.

The present study focuses upon a type of group that is receiving increasing attention in anthropological studies. These are groups on the “borderlands” of mainstream culture, or in a blurred zone between relatively well defined cultural groups (Rosaldo, 1989). Assessing the contribution of cultural, or street subcultural influences on and of suicide will be difficult with ‘borderland’ groups due to a number of factors. First, are the meanings of suicide largely formed before the youths come to the street? If this is the case, the high suicide attempt rates would be due to pre-street cultural understandings placed in the context of a harsh street existence. Indeed, if any one of us had to spend a significant amount of time living as these youth do I am sure the most functional might turn to self-destructive thoughts and behaviours. It follows, therefore, that differences in suicidality between subgroups of street youth may very well be due to different types of youth picking the type of street life and group they want. Similar youth would end up in similar groups. Alternately, the cultural influences of the street subcultures may have a strong influence on the individual’s existent models of suicide.

According to the theory of cultural models outlined above, the presence of such a problem is quite possible. As mentioned earlier, a person is a member of many subcultures simultaneously (Strauss & Quinn, 1997), and doesn’t jump from one discrete culture to the next as may be implied by structuralist theory. Therefore, a model formed early in life may well continue to be applicable even though the person has positioned his or herself in a cultural environment very different from that in which the model was conceived. Further, if in the subculture the person does not come into contact with subculturally specific meanings of suicide, the original model may exist largely unchanged although possibly altered due to change in foundational models.

Indeed, it is conceivable that a complex situation may exist where schemas of emotional pain may be altered due to subcultural influences while the model of suicide elicited by the experience of emotional pain may remain relatively untouched by subculture.

Finally, the approach taken in this study limits implicitly the degree to which it might access cultural models as explained by cultural anthropology. This study is an analysis of discourse. While such a mode of analysis might have been viewed as sufficient according to earlier theorists such as Vygotsky who saw language as the primary if not sole vehicle of cultural understandings, currently this framework is inadequate (Schwartz, 1992). At best, I was able to tentatively propose an approximation of suicide as a cultural phenomenon for this group. This is because I have accessed their understandings of suicide out of context, likely in absence of the appropriate level and type of emotion. Further, I have formed an understanding of their models through my own set of cultural schemas, a factor that undoubtedly affected the analysis and presentation of the results. In other words, I will not be at the “intersection” of suicide (Rosaldo, 1989; Shore, 1996; Strauss & Quinn, 1997). This point was made by a very insightful woman who participated in my Masters study. She stated that, ‘if you weren’t there you can’t understand. Even if you have been there before, you can’t understand it unless you are in it’ (Kidd, 1999a, p. 74).

As previously discussed, despite the fuzziness of the concept of culture, to attempt an analysis of cultural influences is feasible due to the regularities present and the general slow pace of major cultural change. I made an effort to locate the intersections of suicide for the participants. As I have stated, models become active when a number of conditions (contextual, emotional, thought, etc.) converge. In this way, suicide is not always on a person’s mind or being considered as a viable action (Kral, 1994). It was therefore an important part of this study to look at the contexts and experiences which activate and make salient the model of suicide.

## **Chapter 4: Rationale and Approach**

### **Research on Street Youth Suicide: Issues and Problems**

#### **Increasing awareness.**

In this section the methodology and theoretical stance adopted by researchers in their study of street youth suicide is examined critically, with suggestions that may address some of the limitations discussed. One important purpose served by the literature to date lies in its conveyance of the message that suicide is a clear and immediate threat to street youth. Though most of this research involves assessment of suicide attempt rates, the positive relationship between suicide attempts and completed suicides (White, 1998) indicates that the high attempt rates found in this population are likely reflective of high completed suicide rates. This inference is supported by the single study which reports high completed suicide rates among young homeless men (Hwang, 1999). It is hoped that such findings generate an increasing awareness of this problem. This may be the case as current publications on the topic of street youth suicide are coming out at a rate 2-3 times that of 10 years ago.

Additionally, studies of suicide attempts and the factors related to suicide attempts (e.g., abuse) are hopefully having the effect of acting against locus-of-control biases against street youth which may hamper efforts to help them break away from their self-destructive lifestyles. In other words, this work may help the public and public institutions realize that these aren't all "bad" kids, but more likely normal kids who have been exposed to horrific circumstances. Fostering such a perspective may result in help and resources becoming more readily available. Thus, their reporting of suicide attempt rates may be serving a useful purpose in itself. The strength of such a statement is limited, however, as to my knowledge there has been no systematic examination of the public's perceptions of street youth and how/if they might be changing.

#### **Street Youth Suicide Literature: Questionable Methodology.**

Examination of reported suicide attempt rates and the dissemination of such findings may have beneficial effects as the above commentary indicates. There are,

however, a number of potential problems in the interpretation of an “attempted suicide”. This criticism is levelled at both the positivist perspective towards research and in these studies the researcher’s inadequate measures of this particular dependant variable. A problem with their measures of attempted suicide and the positivist theory from which they were developed is that human behaviour is inherently meaningful. For example, “acidity” may be the same measure and have the same meaning as a measure taken from an infinite number of substances in an infinite number of circumstances. “Suicide attempt”, however, is not identical for all people or any two people for that matter. To the contrary, a suicide attempt may not have the same meaning for the same person on different days, or in the same day in different conversations with different people. This concern is one that has been gaining increasing attention in the literature. Linehan (2000) called attention to the large number of studies that use inadequate measures of suicide attempts that make no effort to gauge suicidal intent. Intent is clearly a component of meaning. [These points are further addressed in Discussion].

Studies of street youth suicide vary in their depth of investigation regarding suicide attempts. Some examine number of attempts the person has made, their means of attempt, and the intent and planning of the attempt. Yet it all essentially comes down to asking the participant if they have made a suicide attempt. It would be difficult to deny that asking a person if they have attempted suicide is an important question in the measurement of whether or not a person wishes to do harm to him/herself. The problem is that such a question leans heavily on the assumption that the person asked has the same understanding of the meaning of a “suicide attempt” as the person doing the asking. For example: two street youth may have the same feelings and thoughts about killing themselves, with one youth slashing at his arm with a piece of aluminum can, and another youth recklessly abusing drugs in such a way that by the end of a month she has suffered several serious overdoses. The latter youth may deny ever having made a suicide attempt, yet according to most people’s understanding of a suicide attempt that youth did indeed make a significant if unsuccessful effort to end her life. It might even be said that the youth using hard drugs in a deliberately reckless manner is at a much greater risk than the youth inflicting superficial wounds to his wrists and arms.



While assumptions of a shared understanding of a suicide attempt could, as indicated above, lead to incorrect negative responses, incorrect positive responses are also possible. For example: one youth believing from films that a lateral cut across one wrist will ensure a speedy demise does so with the firm intention of dying. Another youth, more knowledgeable in such matters makes the same type of attempt without the slightest intention of dying, but rather hopes to indicate to those around them that they are suffering emotionally. Both report that they have made a suicide attempt, describe the same means of attempt, and are placed in the same group by the researcher. Rarely do the authors of these studies discuss the ambiguity surrounding the meaning of a suicide attempt. What are they trying to get at? If they are trying to examine the characteristics of individuals who make a serious effort to harm themselves, their measures are likely inadequate (Linehan, 2000).

This same difficulty arises in the measures of the independent variables in these studies. These measures, mostly involving dichotomous/forced choice responses, of sexual and physical abuse, and patterns of drug abuse, emphasize the passivity of the participant. They suggest billiard-ball interactions, often inferring the presence of a unidirectional, isolated and linear process of causation. While this approach may be useful in examining well defined and readily measurable phenomena, serious questions arise as to its applicability a construct as broad as suicide. Suicide is understood to be an action taken in response to emotional suffering (Shneidman, 1995). Thus measuring and defining risk factors for suicide is potentially as difficult as measuring and defining “emotional suffering”. Further, suicide is constructed through the interaction of the numerous cultures and subcultures to which the individual is exposed, with each new cultural influence interacting with previously internalized cultural influences (Kral, 1998). In such a system, variables may exist both as causes and effects and may influence one another through multitudinous complex interactions involving numerous mediating variables.

Though the complexity described above explains the methodological limitations of the literature on street youth suicide to a certain extent, it does not totally explain the apparent superficiality of many of the studies. Most of these researchers do not appear to be making use of the tools available or taking action to develop the appropriate tools to redress the potential validity problems discussed above. It may likely be that a “suicide attempt” is a fallacious construct involving arbitrary boundaries and assumptions. Measures which look at suicidality from a dimensional perspective with a more thorough assessment of the participant’s motives and thoughts surrounding their actions would go a long way to address these problems (Linehan, 2000). Yoder (1999), in his study on street youth suicide, ventures the furthest in this direction by at least acknowledging the above stated difficulties in his discussion. He stated that “lethality and intent behind the suicide attempts were not assessed. As a result, nonlethal suicidal gestures, which might be indicative of serious suicide ideation, may be included among more serious suicide attempts, potentially skewing the results” (Yoder, 1999).

Despite the admission of this potential flaw there is a concern that such assumptions are taken and presented as fact. As though a binary question regarding a suicide attempt is equivalent to an acidity measure, concrete and objective. The use of narrow operations was also evident in measures of the independent variables. Examples of this are measuring variables such as sexual abuse and drug abuse based on a single dichotomous response (e.g., Molnar et al., 1998; Rotheram-Borus, 1993).

Along with the suggestion that much of the research done to date involves rather simplistic measures which could potentially weaken their validity, is the criticism that with few exceptions most involve simplistic analyses. Little attention is paid to mediating variables and multiple variable interactions. There have been developments in statistical methods of analysis which allow for the examination of the complex variable and mediator interactions. The statistical technique of structural equation modeling is an example of a method that permits the analysis of multiple interacting variables (Greenfield, 1997). Such an analysis allows for a more comprehensive and potentially more valid examination of broad constructs such as suicide.

Another question that arises concerns the choice of independent variables by researchers of street youth suicide. All of the studies on street youth suicide appear to have chosen their variables on the basis of previous findings which indicate that these variables are predictive of suicide and suicide attempts among the mainstream adolescent population. This approach, while on some level making sense, is denying that street youth have very different experiences than the average adolescent participant to be found in general population studies. For example, in my masters project I found that for participants involved in prostitution a “bad date” was something that often preceded a suicide attempt according to their reports (Kidd, 1999a). A bad date is a situation in which a customer beats and/or rapes them, threatens their lives and/or tries to kill them, doesn’t pay, or removes the condom without the person knowing. This experience held the meaning for the participants of an intolerable loss of control. While such a construct may be loosely related to sexual or physical assault experienced by the average adolescent, the meaning that a bad date had for the participants in the context of street life and extensive histories of abuse suggests differently. Kleinman (1988) has addressed this issue of how the choice of variables and measures made with the assumption that they are applicable/relevant for a different (sub)culture can result in spurious and limited findings. Recently, Whitbeck, Hoyt & Bao (2000) in their work on street victimization have addressed this point and called for an increase in the attention paid to street-specific contextual variables in research with this population.

If studies on street youth suicide are as they appear to be, an effort to operationalize suicidal distress, it is questionable as to the degree to which the variables these researchers have chosen are central to the construct of interest. For example, substance use has been examined as a precursor to suicide attempts among street youth (Greene & Ringwalt, 1996). In itself, substance use is an action motivated by perceptions and experiences and in some cases physical addiction. As such, it is not unlike suicide. The action of using a substance as a variable may be of much less use than examining what motivates the person to use the substance, which would likely be much more central to the construct of suicide than its behavioural correlate.

A final limitation related to the above discussion of the need to examine variables central to the construct of interest, involves what Meehl (1977) describes as the “base-rate problem”. If the variables identified by the research as being linked to suicidality are going to be of use in discriminating those who are acutely suicidal from those who are not, it would be hoped that such variables would be fairly uncommon among that population. This is a limitation present in many studies of street youth suicide in which the variables examined are quite common. For example, several studies demonstrate a relationship between physical abuse and suicide. The problem is that a high proportion of street youth report being physically abused (Sibthorpe et al., 1995), thus largely negating this variable’s usefulness as a discriminator.

#### Argument for a Qualitative Approach

At this point in the development of an understanding of street youth suicide, conditions exist in which a qualitative approach may be used to its best advantage. As of yet, few studies have been done and as indicated by the critique above many appear to be taking rather superficial approaches in a hit-and-miss manner. Kazdin (1998) recommends that qualitative research be done, especially when initially developing a body of research, to discover and elaborate factors and causal sequences. This process aids in creating operational definitions and can increase the validity of subsequent research. Additionally, none of the studies on street youth suicide conducted to date have addressed sociocultural influences and few have examined contextual factors. Such variables may be street youth specific and could potentially be powerful and important determinants of street youth suicidality. Qualitative research can be very useful in identifying such influences (Much, 1995). A qualitative approach may also use its depth of exploration to point to constructs which are central to street youths understanding of suicide. Finally, this approach is well suited to a population which has rebelled against the structure and control that tends to be implicit to more quantitative approaches. Having a semi-structured conversation on the street with them was likely better received than other approaches.

### **Street Youth Suicide: An Analysis of Narrative – The Pilot**

It was out of the need for exploratory research described above that the study which was essentially the pilot for the present study was conducted (see Kidd, 1999a). The goal was to gain an understanding of the construct of suicide as it is held by street youth, in the hope that this might provide some insight into what factors are involved in the high suicide attempt rates found previously. To this end 37 semi-structured interviews were conducted in Toronto, primarily in an outreach agency whose focus was on helping street youth who are involved in prostitution. These interviews were then analyzed using qualitative methodology. An extremely high rate of suicide attempts was found, with 68% of the males and 75% of the females reporting having made at least one attempt.

The analysis revealed that for this group emotional pain in the context of suicide is composed of experiences with and feelings of isolation, rejection/betrayal, lack of control, and most pervasively, low self worth. The participants viewed the origins of their emotional distress in their abusive and neglectful upbringings. These painful experiences at home led to a life on the street where extremely negative experiences continued, maintaining and in some instances exacerbating this painful self image of worthlessness. These powerful, negative feelings combined with few options for reducing this pain either due to external factors or internal perceptions, all dwell within an understanding of self harming/destructive behaviours as a way of reducing pain, lead to an extremely high rate of suicidality.

At first glance these findings do not appear to be new. Indeed, if anything, the themes derived appear commonsensical and intuitive. The importance of these findings, however, is tied in with the method through which they were derived. Take for example low self-worth, the most central theme. This was not obtained through a self-report inventory designed to assess level of self-worth and then correlated to a report of past suicide attempts. In the context of this study, low self-worth is the experience that these participants felt led to suicide and suicide attempts. Conversely, they reported that experiences which improve self-worth reduced their need to attempt

suicide. The difference is that I have recorded the meanings these people have *actively* given to their experience of suicide. This may be quite different from an approach in which low self-worth on the day of the study is extracted and compared to their report of a suicide attempt which has been separately extracted. In addition, low-self worth cut across more surface level markers such as physical, sexual and drug abuse. Thus, it is possible that low self-worth is more central to the construct of suicidal distress than sexual abuse or drug addiction. Low self-worth appeared to be the element or part of the larger phenomena of sexual abuse and drug addiction which is related to suicidality. As such, for the person working with such youth, low self-worth may be more important to carefully assess.

In other words, to these youth, low self-worth is of primary importance in their understanding of why they have and might attempt and commit suicide. This centrality of low self-worth has not been previously addressed in the literature on street youth suicide. Yoder (1999) found it to be an important predictor of suicidality in his regression analysis; it was, however, not highlighted as a variable around which other variables (sexual abuse etc.) revolve. This applies to the other central themes (lack of control, rejection, isolation) to a greater extent, as no other study of street youth suicide has highlighted them as important variables but rather has folded them into measures of depression. This may be an area in which more sophisticated measures and procedures such as structural equation modelling may be useful in sorting out the relative importance of variables and identifying mediating variables.

In addition to generating the above-mentioned themes, the open-ended inductive approach taken resulted in numerous findings which to my knowledge have received little or no attention in the street youth literature. Examples of these were the perception of life on the street as a form of self-punishment, highlighting the importance of the experience of prostitution and suicide attempts (examined only once previously), the use of hard drugs in a risky manner as a way of committing a “slow suicide”, and financial stress as related to suicide attempts. Finally, an examination of positive

coping strategies used by the participants to help reduce their suicidal feelings has not been undertaken previously.

While generating themes which represent suicidal distress for this group and providing directions in which prevention/intervention efforts could be most effective, the pilot study had several limitations. The most significant of these concerns generalizability. The participants of this study were older, better educated, and it had a much higher proportion of youth involved in prostitution than is typical among the street youth population. As there was revealed such high levels of suicidality, likely due to the number involved in prostitution, there are questions as to the degree to which the themes that arose might be applicable to other street youth. [Though the findings may be generalizable to other street youth involved in prostitution]. Additionally, there were several limitations in the interview schedule that became evident in the course of its use, and in the analysis. Finally, as is typical of a pilot study, a number of new questions emerged along with areas that need to be explored in greater depth.

#### Rationale and approach.

The approach taken in this project was similar to that of a pilot study, only on a larger scale. Qualitative methodology is used for the reasons discussed above. This study attempted to access a broader population of street youth in an exploratory fashion, building upon questions raised in the previous study. This strategy is conceptually different from the generalizability sought in probability sampling studies. It is better thought of as an effort to gauge the *transferability* of the theory and variables which came out of the pilot study (Guba & Lincoln, 1989). It is not an effort to find universals, but rather to discover uniqueness by accessing a broader range of street youth. Such an approach may be helpful in determining the extent to which meanings of suicide are shared by the various street subcultures, something that has not been addressed in the literature.

### Summary

Street youth are a group who, due to their family history and street existence, are at an extremely high risk for mental and physical illness and death. This is aside from the loss of the potential contributions these youths could be making to society. Given the scope of the problem with an estimated two million young people on the streets of North America (Janus, McCormack, & Burgess, 1987), significant efforts must be made to address this social crisis. Methods of prevention and intervention must be developed not only to improve and save the lives of these individuals, but also to reduce the amount of money that must be provided in social/medical aid and support, and to reduce rates of criminal activity. This need is compounded by society's culpability in the problem through its failure to provide children with adequate protection from the abuse and neglect common in the backgrounds of street youth.

Suicide can be understood as a response taken to reduce distress (Shneidman, 1993), and as such, it is basically an idea about how to reduce suffering (Kral, 1994). Both the idea of suicide and our understanding of and definition of suffering are learned through our interactions with the various cultures/subcultures to which we are exposed. Therefore, for prevention and intervention to be most successful, it is necessary to determine what distress and suicide *are* for a given individual or group of individuals. The present study is being undertaken in an effort to determine what constitutes emotional suffering for street youth and more specifically, what kind of distress do they consider requires suicide as a response.

These meanings of pain and suicide were accessed through a qualitative approach to allow a more in-depth examination of their understandings. It is hoped that the variables and processes revealed through this investigation can be used to guide prevention and intervention efforts. Furthermore, it is hoped that what was found in this broad and open-ended investigation may be utilized in more focussed and systematic quantitative and qualitative efforts. Finally, a major goal of this study is to call attention to street youth suicide as a significant social problem, and to aid in dispelling



myths and stereotypes which are hampering society's efforts in helping this overlooked and disparaged group.

## Chapter 5: Methods

### Participants

The participants were 80 street youth who met the following criteria: (1) 24 years of age or younger, (2) spent a significant amount of time (i.e., more than a week) homeless or with no fixed address. The criteria are deliberately broad for three reasons. First, the age of 24 was chosen as this is the age limit for many street youth related social services in Canada. Additionally, it is felt that although this is a higher age cut-off than that employed by some researchers, older street youth may be able to add a valuable commentary on the phenomenon of street youth suicide and have a wider experience base to draw upon. Second, the aim of this study was to gain an understanding of the construct of suicide as it exists for a cross-section of street youth in Canada. Therefore, by broadly defining street youth, the suicide experiences of a wide range of youth living on and "off" the street were accessed. Third, the transient and fluid nature of the population makes establishing rigid categorical criteria extremely difficult and of questionable validity. For a discussion of the difficulties and considerations to be made in establishing criteria for studies on street youth see Smart & Walsh (1993).

Forty participants were contacted in each of the cities of Toronto and Vancouver. This approach was taken to address the above-mentioned goal of accessing the broader population of street youth. Toronto and Vancouver were chosen due to the differences that have been found in the backgrounds and criminality of street youth in the two cities, as well as differences in the availability of social services (Hagan & McCarthy, 1997). Additionally, it was hoped that street youth of varying ethnic origins might be accessed. This point was pursued because of the differences that have been found between Native and non-Native street youth, with Natives being more lonely and having lower self-esteem (Radford et al., 1989). Conducting interviews in Vancouver increased the likelihood of getting access to such a population as it has large numbers of Native street youth (McCarthy, 1995). This, unfortunately, did not turn out to be the case as I met very few Native street youth in either city.

Within each city, half of the participants were contacted and interviewed in a street outreach agency and the remainder contacted and interviewed in areas where street youth congregate. It was hoped that youths who do not use or rely on services would be accessed by conducting interviews on the street. Youths who access services have been found to be different from youths who do not (Kipke et al., 1997). In each agency clients were directly approached by both the researcher and the staff, and asked if they wished to take part in the study. This method, in combination with a “pyramid effect” by which news of the study spreads among street youth and their friends was very effective in recruiting participants. Interviews within the agencies were conducted individually in a private area to ensure confidentiality. In each city half of the street youth were approached and interviewed on the street. They were approached when they were on their own or in small groups (2-4 people) though were interviewed individually. These interviews were conducted in the afternoon and early evening, which may have meant that I missed subgroups of youth that come out only at night. Interviews were recorded on audio tape using a portable tape player. As a reimbursement for their time, each participant was offered five dollars worth of McDonald’s food coupons.

### Interview Approach

An attempt was made to engender a co-operative research relationship, with a reduced power differential in the following ways: First, the goals and methods of the study were framed in terms of advocacy and the need to generate material that could help people working with street youth. Many street youth have had painful personal experiences with suicide and were motivated to offer their stories and understandings with the view of perhaps helping others in similar situations. As one young man said, “as long as it isn’t disappearing into some filing cabinet someplace”. Also, my position was negotiated mutually as a ‘go-between’ with mainstream society. My role was to let people ‘out there’ know the difficulties street youth face. Assuming this role was extremely important in facilitating the disclosure of participants who could have offered a bare minimum to receive compensation. In other words they would likely have shared

very little if the *only* purpose of the interview was research. An advocacy approach also helped gain access to street youth who likely would have never participated otherwise (e.g., youth extremely angry with members of mainstream society; youth who had a substantial income and for whom the compensation offered for the interview was inconsequential).

Second, the interview was conducted in such a manner that the participant was respected as a self-determining individual. In other words, privacy was respected and areas that the person was reluctant to discuss were not aggressively pursued. They were not directly asked questions about sensitive or private topics such as abuse, suicide attempts, etc. Rather, they were invited to speak of their experiences in an open-ended manner with the choice being theirs as to their level of disclosure.

The third point is difficult to describe. As I became more comfortable with the interviews and familiar with the lives of those I was interviewing, I needed to retreat less into the identity of the 'researcher'. I became progressively less defensive and anxious. Interviews became conversations and 'participants' became people.

### The Interview

See Appendix B1 for interview schedule. The interview was semi-structured, as described by Smith (1995). This is a format in which open-ended questions are used in a flexible manner with a focus on a particular topic, in this case suicide. The interview was developed based upon the feedback of the participants, their responses, and reactions to the interview. Following the semi-structured format, questions were employed in a flexible manner without rigidly following the wording or order presented in the interview schedule. The schedule is more a list of areas to explore rather than a structured interview format.

### Interview development.

Very quickly into the interview process, the number of questions to be asked and areas to be explored were drastically reduced [See Appendix B2 for original interview schedule]. What remained, after the collection of demographic information, was an introduction and discussion on the topics of their backgrounds, suicide and coping. There were three reasons for altering the interview in this way. First, many participants did not appear comfortable in an interview prolonged by numerous questions. The interviews that lasted longer were developed mutually, with the participant continuing to volunteer and generate material. My role in these instances was providing prompts and exploring the areas they introduced. Second, some of the questions in the original interview schedule were highly abstract and likely unanswerable outside of the context of psychotherapy. Third, and most important, was the need to keep the interview conversational and flowing. In other words, follow the participant's lead rather than intruding into the process with abstract and tangential questions. The lesson learned very quickly was: more questions may generate many answers, but the quality of these answers greatly suffers. This may have been due to the way that shifting the lead of the interview to the participant diminished my role as 'inquisitor'.

### Strategies.

Two strategies were used throughout the interview. First, there was a progression from relatively innocuous demographic questions to questions about their experiences with suicide. Since suicide is an action taken in response to emotionally painful experiences, the person will be describing their emotionally painful experiences when they speak of suicide. Therefore, rapport had to be established, or else the highly edited version of their experiences they presented would likely have limited the findings and threatened validity. The second interviewing strategy used has been referred to as "funnelling" (Smith, 1995). This is an approach in which very general and open-ended questions are used first, and from there is a progression to more focused lines of inquiry. This was done in an effort to minimize the impact of the researcher's questioning style and structure as an influence and constraint on the meanings the

participant communicated. It also allowed for the building of rapport prior to more emotionally focussed inquiry.

### Consent.

Along with the consent form, issues of consent were discussed with all participants. In this discussion, confidentiality was an element very important to many participants. They were made aware that the tapes of their interviews would be numbered, and all identifying information altered or removed when the tapes were transcribed. Also, all tapes were destroyed after the study was completed.

Next, the purpose of the study and use to be made of the data were explained in detail. This section incorporated several elements. First, they were given some background on the problem of street youth suicide. Second, I attempted to communicate the participant's role as a part of a larger group of street youth who are providing information about their experiences with suicide in an effort to improve the situation. This was done because the participants may have been made more comfortable and willing to share their experiences thinking that they were a part of a group of similarly minded individuals. Finally, I explained that the results would be sent to people working with street youth and that advocacy work would also be done incorporating the results.

### Demographics and street experience.

The next portion of the interview involved gathering demographic information. Although asking such closed-ended questions might have set a precedent for brief and superficial responses, this was likely outweighed by the importance of allowing the participant to become comfortable with the interview context while answering relatively common-knowledge questions. Following the demographic questions, the line of inquiry shifted to the participant's street experiences. This section began with a broad and open-ended question consistent with the funnelling technique of interviewing (Smith, 1995): "Could you tell me about your life on the street, maybe starting with your life at home and how you came to leave it?" Throughout the interview an effort

was made to establish a narrative style of responding by asking, “What happened then?” types of questions. This was done because there is evidence that people organize a large part of their experience within a narrative structure (Baumeister, 1994; Bruner, 1990). Also, this approach encouraged the participant to discuss their experiences with more depth rather than condensing their thoughts into brief and summarized answers.

Following this broad question, prompts and further questions were used to encourage the participant to elaborate upon the experiences they had shared and to determine their willingness to explore areas that had appeared to have been skipped over. Basically, I wanted to find out how they came to be on the street and what their lives on the street had been like. I wanted to know the types of people they ‘hung out’ with, what they had done for money, the kinds of adversity they had faced. This was the rapport building section of the interview in which I tried to get to know them as people. Many, in this part of the interview, asked questions about me and sought further information about the research. This was an area that was often revisited in the interviews as the participants spoke of their experiences with suicide, and as trust appeared to be developed and they felt more comfortable disclosing painful past experiences.

### Suicide.

Following inquiry into their street careers, participants were asked about their experiences with, and understandings of suicide. A very broad question was asked first with subsequent questions and prompts exploring and expanding upon what the participants said. If they were reluctant to talk about their personal experiences, questions were framed in the third person. For example: “What do you think is happening in the life of someone who is suicidal?” This approach, while still accessing their understanding of suicide, appeared to be less threatening for some than asking them to talk about themselves.

Generally, there was a progression from the persons’ experiences with suicide as it relates to themselves, to their experiences with suicide among their friends and

family, to their thoughts about suicide among the larger street youth population. An effort was made to acquire an understanding of what kinds of emotional/physical pain the participant associates with suicidality. This section of the interview was basically searching for the same information that risk factor studies attempt to generate. By knowing what street youth feel leads up to a suicide, interventionists may use this information as thoughts/feelings/behaviours to watch for.

When the participants appeared to have reached the end of their discussion of their experiences with their own suicidality and that of people they have known, I began to ask them about suicide among the general street youth population. This was done in an effort to access the cultural messages about suicide that are floating around 'out there' in the lives of street youth. It also accessed the understandings of those who had very little personal experience with suicide but had ideas about why other people might be suicidal. Areas explored here were thoughts about the frequency of suicides on the street and why street youth are attempting and committing suicide.

#### What Helps.

A major goal of this study was to determine what positive coping mechanisms the participants used to reduce their level of distress as an alternatives to suicidal actions. To address this point a number of questions were asked about the participants' coping mechanisms and what would reduce the amount of distress experienced by street youth. Also, for relevant participants, these questions tapped into what had changed in their lives and the ways in which they viewed the world that had helped them survive and not kill themselves. Thoughts about how the public and public institutions need to change were also explored.

#### Closing Questions and Remarks.

In the final section, the participants were asked if there were any things they wanted to add that might have been overlooked. Additionally, they were asked for their impressions of my role as an interviewer and their thoughts on the study as a whole. This was done to get input that was used to improve the interviews and aid in the



development of the interview over the course of the study. This flexibility was consistent with a qualitative interviewing approach (Holstein & Gubrium, 1991; Smith, 1995). These questions also generated suggestions about the best ways to disseminate the findings of the study to other street youth.

Asking for their impressions of the interview also served a second important purpose. The participants' communication of their experiences was likely influenced by their understanding of to whom they are speaking, and the context of the interview/conversation (Holstein & Gubrium, 1991). Further, the interviewer's personal meaning system influences the entire process from interview to analysis (Holstein & Gubrium, 1991; Langenhove, 1995). If in this mix of participant and interviewer meaning systems, the interviewer does not have an understanding of how the participant views the process the analysis and conclusions will not be contextually grounded. Such an error of interpretation has been referred to as a 'meaning collision', in which the participant is communicating at a different level of meaning than the researcher and the discrepancy is not noticed (Kidd, 1998). This line of inquiry, therefore, helped by keeping the analysis contextually grounded.

Finally, the participants were asked what they do for fun. This served two purposes. First, it helped to shed more light on coping mechanisms. Second, it gave the participant a chance to re-establish their defences before leaving the interview after having shared some very painful experiences. Allowing them to "put their barriers back up" hopefully left them more able to go out and face their various harsh environments once more.

In the concluding remarks the use of the results was reiterated, conveying to the participant that the time they spent in the interview will serve a relevant purpose. Lastly, they were informed that in a few months I would provide any available participants with an initial interpretation of the results, and their feedback would be welcome.

### Issues of Risk and Consent

The level of distress of the participants was monitored over the course of the interview. If the participants showed signs of distress, they were asked if they wished to continue. When participants indicated that they were suicidal, a risk assessment was done and appropriate steps were taken to address safety issues. For example, with one participant who appeared to be at a moderate-high risk for suicide, I provided information regarding counselling and distress lines. She agreed that she should try to talk to someone before she hurt herself. For participants who were minors, their consent was accepted since they were self-reliant and not in contact with or under the protection of their legal guardians. Such a situation has been addressed in previous research with similar populations in which the parents are unavailable and the minors are to a large extent on their own. In such circumstances, provided the research is ethical and could not be conducted otherwise, the researcher would be justified in waiving parental permission (Grisso, 1992).

### Data Analysis

The strategy of analysis employed was that of *bricoleur*, which is a methodological strategy common in qualitative research (Denzin & Lincoln, 1994). The *bricoleur* as researcher is one who makes use of the research tools available that best suit the problems and context of the study in which they are engaged. It is a reflexive methodology guided by pragmatics and fit rather than preset methodological purity. In other words, the researcher utilizes various combinations of methodology that appears to best suit the research problem, the participants, and the contexts of the interviews while operating within time and financial limitations. The methodology that proved to be the best fit for the present study is an analysis procedure using methods derived from grounded theory.

Grounded Theory is an inductive method of qualitative inquiry developed in the 60s by Barney Glaser and Anselm Strauss (Glaser & Strauss, 1967). Over the past 30 years the two founders' ideas about grounded theory have become very different. The debate became heated with the publication of Strauss and Corbin's (1990) book on

grounded theory which Glaser contends is no longer grounded theory (Glaser, 1992). Glaser (1992) vehemently argued that Strauss & Corbin's (1990) introduction of hypothesis testing, the use of introspection as data and the imposition of a 'coding paradigm' all contribute to force the data/theory. In other words, Glaser argued that Strauss & Corbin's grounded theory was no longer grounded. Glaser (1992) emphasized the need to leave hypothesis testing to hypothetico-deductive/quantitative investigation. I tend to agree with the more conservative approach taken by Glaser, and am by no means alone in this opinion (Rennie, 1998). Strauss & Corbin's (1990) approach superficially appears more positivist, which may account for its overwhelming popularity as compared to Glaser (Rennie, 1998). This is ironic since Glaser's methodology, at a fundamental level, adheres better to the philosophy of good scientific practice [i.e., leaves formal hypothesis testing to be done using quantitative methods better suited to that task] (Glaser, 1992).

For this analysis I used the coding procedure described by Glaser (1978) and Rennie (1988). Although I used the grounded theory coding procedure, certain methodological differences preclude this study from being considered an example of grounded theory. Stated differently, I have taken a well proven and methodologically sound approach to qualitative analysis (Rennie et al., 1988) and taken from it what best suits this study as is often necessary in qualitative research (Denzin & Lincoln, 1994). This was the rigorous method of data analysis that is a part of grounded theory. Without question the analysis could fall under the generic title of 'qualitative analysis' or 'content analysis'.

The analysis is described in the following sections. Points upon which this analysis differs from grounded theory in its pure form will be highlighted and the rationale for making such changes discussed. The four primary sources for description of the method were Charmaz (1995), Glaser (1978) and (1992), and Rennie et al. (1988).

### Theory un-grounded: Modifications.

The first and almost 'pre-method' point of divergence is in my use of a literature search before conducting the study. Many grounded theorists think that not examining the literature is a very important component of grounded theory (Rennie et al., 1988), arguing that if the theory is to remain grounded in the data the researcher must not be biased by previous research in the area. Strauss & Corbin (1990), to the contrary, advocate for the use of a literature search. They identified the ways that knowledge of the literature can stimulate theoretical sensitivity, stimulate questions, point to areas of exploration, and be used as supplementary validation. They cautioned the researchers to be wary of their understanding of the literature since it could potentially stifle the creativity of their analysis, and to be aware of how such understandings might bias the findings.

I used a literature search for several reasons. First, with a group of individuals whose lives are so different from my own, having some knowledge about their lives and the challenges they face was important. Second, I do not believe it is possible to have no pre-conceived ideas and beliefs so I would rather my knowledge be based on the research. Third, I had already done a study in the area and developed a literature base and it would be impossible to forget or ignore that information. Fourth, the small amount of literature on street youth suicide is primarily atheoretical and identifies risk factors common to the general population. This likely limited its ability to bias interpretation. Lastly, it is entrenched in the field and methodology of psychology that a literature search be done prior to the investigation. This point may partially account for psychology's lack of interest in Glaser who advocates for the opposite approach.

The other major point of departure from pure grounded theory revolves around my having chosen the topic of suicide as the focus of the interviews. Grounded theory methods require that the researcher pick only a research population. Then, the researcher should speak in an open-ended manner with members of that group. The investigator analyzes the interviews as she or he does them and through that analysis identifies a problem and begins to develop ideas about a theoretical framework that

underlies the problem or phenomenon of interest. They then develop their interview in a way that allows them to develop their understanding of the phenomenon and flesh out the theory they are building.

By having chosen the topic of suicide I negated this part of the process to a large extent. The interview was already developed to focus on suicide-related experiences, and thus my 'theoretical sampling' was based upon my own interests and understanding of street youth formed from reading the literature. By having done this, I detracted from the groundedness of the theory I developed. Ideally I would have not picked a topic of study before speaking to the participants. The problem was that to properly engage in the process of theoretical sampling would require many months in the field and I did not have the time or resources for such an endeavour. The topic of suicide did not, however, preclude theoretical sampling of a sort. Suicide was a problem in the minds of most participants, and the experiences that are encompassed within understandings of suicide were broad enough to allow for exploration and the development of theory.

There is one final aspect of my approach to analysis that differs from grounded theory methodology. This has to do with the pronounced fear that thoughts of demand characteristics engender, having been instilled through many years of training as an experimental psychologist. I introduced the topic of suicide in the interviews and explored the experiences discussed by the participants. I did not ask questions about points that other street youth had brought up in previous interviews and did not seek to develop theory over the course of the interviewing by altering/adding questions. In other words, I did not attempt to develop and elucidate theory *as* I did the interviews for fear of interrupting and influencing the open-ended process of data collection. Rather, I did all of the interviews, sought, developed and made an argument for a theoretical conceptualization that I found in the data. This was the major point of departure from grounded theory which makes this study a *qualitative analysis* rather than a *grounded theory study*.

Authorities on grounded theory address only superficially the topic of demand characteristics and in my opinion greatly underestimate the profound ways that they can influence the data (Kazdin, 1998). As Glaser (1992) predicted, therefore, my study is more descriptive than most; the result of not having developed and sought support for theory over the course of the interviews. I was willing to take the risk that description and not theory was all I would obtain. This would not have meant that the study would have been unsuccessful, as the negative use Glaser makes of the word 'descriptive' would imply. To the contrary, identifying variables for future study was a major goal of this project. That theory did arise from the data was unpredictable, but in my view theory derived in this fashion is quite grounded. The drawback was that the theory was not developed to the extent that may have been possible had I taken the traditional grounded theory approach. From my perspective, perhaps more positivist than some qualitative researchers, active hypothesis testing (in theory development) is best conducted using quantitative analysis informed by qualitative research.

#### Analysis described.

Interview transcription took place during the same period of time as the interviews were being conducted. After the transcriptions were completed, a systematic analysis was done using the NVivo 1.0 computer program to aid data management. In this section the analysis procedure is described.

Describing the process of the analysis that took place is a difficult undertaking because in the presentation of the various elements involved, the analysis appears static when it is in fact very dynamic. Thus, the reader should keep in mind that this is not a 'step-by-step' linear formula for analysis.

As the interviews were being conducted, I kept a notebook in which I wrote ideas, impressions, reactions...basically anything that came to mind related to the experience of talking with the participants. This procedure is called 'memoing' or fieldnotes, and is an integral part of qualitative analysis. It allows the researcher to begin to develop ideas about theory and the problem she or he is studying. Also, and of

the utmost importance, it provides a means through which the researcher documents her or his position in relation to the problem and the lives of the participants. As the entire study is influenced by the researcher's worldview, it was very important to have a record of my thoughts and reactions in the midst of doing the interviews rather than trying to reconstruct them months afterwards. Memoing continues throughout the analysis process and is vital for theory development.

The first part of the procedure is analogous to what Glaser (1978) called substantive coding. This type of coding is one in which the analyst generates an set of categories based upon the content of the interviews. After the interviews were transcribed, the analysis began with breaking the interviews down into 'meaning units'. A meaning unit is a few words, phrases or statements that convey a particular meaning. Since finding meaning is the goal of this study, units of meaning form the data rather than units based upon sentences etc. For example, one participant's comment that drug addiction was a process "like a toboggan slide off a cliff". This statement was considered a meaning unit. In the coding procedure similar meaning units are extracted and placed together to form categories. This process is referred to as 'open-coding' because a new category is created for each meaning unit that does not fit in with any previous category. For example, 'incest' might be considered a category. As the categories are developed, they are constantly audited to merge categories that are redundant and to break apart into separate categories meaning units within a single category that are better represented separately. The goal is to keep categories as distinct and mutually exclusive as possible while keeping the number of categories manageable and meaningful (i.e., not having hundreds of categories with only one or two meaning units in each category). During the process of open/substantive coding the analyst keeps careful memos documenting their developing ideas about how the categories relate to one another and how they might be arranged conceptually.

There is a movement from substantive coding, based primarily on interview content, to theoretical coding, finding out how the categories relate to one another conceptually. Hierarchies of categories are developed, patterns are found, their

relationships explored and elucidated, and their conceptual 'fit' sought. In theoretical coding the categories themselves are arranged in an effort to develop a conceptual understanding as opposed to substantive coding in which the meaning units are clustered and arranged (Glaser, 1978) For example, several categories that arise may turn out to be properties of a more central category at a higher level of abstraction. (e.g., the need for social approval is a dimensional category with social stigma and police brutality at one end, and positive experiences with strangers at the other).

There is an internal verification process that underlies the analysis. The categories and ideas about their relationships are continually brought back to the data for verification and further development. Some categories and ideas are dropped and/or subsumed into new categories as subsequent investigation of interviews result in a more thorough and better developed categorical framework. Furthermore, both theoretical and substantive coding is always tightly linked to the data with minimal interpretation done by the researcher in an effort to reduce the influence of overt biases based upon the researchers hypotheses. Throughout this process descriptive statistics are used to highlight patterns and assess the amount of evidence supporting conclusions. This use of percentages and counts is recommended for both theory development and analysis validation (Maxwell, 1998).

“...the researcher has to be continually coding, comparing, analyzing and memoing while asking the sole question of the data: What category or property of a category does this incident indicate?”

Glaser (1992, p. 19).

As the researcher engages in this process of analysis, a category will usually begin to emerge that appears to be most central, a core category around which all others are arrayed and related. Development of this core category and how it is related to the phenomenon studied leads into the final stage of the analysis in which the theoretical model is developed that best fits the categories and their relationships. This was a step of the process that was limited in the present study and forms the main reason why it



would not be considered grounded theory. Development of the core category and its conceptual organization was limited since I did not incorporate this task as a part of the interviews due to the considerations discussed above (demand characteristics, time limitation). Therefore, the model I have developed is proposed tentatively, and it is then necessary to verify it using more deductive research techniques. Thus, the present project is the first stage of a larger programme of research.

### Validity and Reliability in Qualitative Research

A major criticism of qualitative research by positivist thinkers concerns the amount of subjectivity involved in the data collection and analysis. In other words, there are numerous threats to the validity of qualitative findings (Kazdin, 1998). Most qualitative researchers, though critical of the positivist philosophy in which validity is pre-eminent in importance, are themselves most interested in taking steps to reduce potential threats to the validity of their findings (Maxwell, 1998; Merrick, 1999; Plummer, 1995; Reason & Heron, 1995). However, the concept of validity in the context of qualitative research has been modified. Rather than indicating the establishment of an external “truth”, it has more to do with the ability of the researcher to understand and represent people’s meanings (Merrick, 1999).

The two major areas in which validity problems may arise are bias and reactivity (Maxwell, 1998). Bias refers to the ways in which the researcher’s theories and values may influence the analysis. Reactivity refers to how the researcher and interview context influence the stories and meanings of the participant. Understanding and identifying these influences is emphasized as a way of increasing the validity of the study. What follows are several techniques for supporting the validity of qualitative research used in this study.

### Validation

A number of measures were taken to support validity both during and after the analysis. For a description of validity tests for qualitative research see Maxwell (1998). First, during the analysis, an effort was made to locate evidence that was discrepant or

challenged the conclusions. This type of examination can call attention to areas where bias might have occurred and can also add depth to the analysis. Additionally, during the analysis the amount of inference/interpretation was kept to a minimum by presenting the data close to the way in which the participants presented it. Second, after the initial analysis, an effort was made to obtain feedback from the original participants. A summary of the major findings was taken to the outreach agency in Toronto, and I also spent several days in the areas where street youth congregate to locate as many of the original participants as possible. A feedback form (see Appendix C) was sent to the Vancouver agency where the staff put up posters to contact original participants. For feedback (meetings and forms) participants were given a transit pass (approximate value \$2.00). This method of validation is recommended by Merrick (1999).

Another means of adding to validity is to make the presentation of the data detailed and complete, allowing the reader to view directly the evidence that supports the statements made. This involved providing many excerpts of transcript in the results and is known as “rich data”. This strategy can serve to identify validity threats, biases, and flaws in the logic of the theory developed (i.e., help establish trustworthiness) (Maxwell, 1998; Merrick, 1999; Stiles, 1993). Finally, “quasi-statistics” were used. This involves using descriptive statistics to illustrate how often a theme, category, or type of participant was present in the analysis. This can help reduce the chance of misinterpretation and illustrate degrees of discrepancy. For example, does “most” mean 55% of the participants, or 85% of the participants say a certain thing? In addition to descriptive statistics, Fisher’s exact test was used on several points of comparison (e.g., males compared with females). This test is appropriate for the analysis of qualitative data with small sample sizes (Hays, 1991).

### Data Presentation

The goal of the data presentation of this study was to keep the results of the analysis and my stance as a researcher as transparent as possible. There was also an effort made to leave the reader with an awareness or feeling for how the lives and experiences of the street youth in this study were communicated. In other words, I

wanted to communicate what their stories sounded like rather than a distant summary of the category and theme structure that emerged. Several approaches were taken to achieve these goals. First, the lives of the participants and contexts of the interviews are described at a general level. Their reactions to being interviewed are presented as are my own experiences in the conducting of the interviews. This material was condensed from notes I made in the field. Next, the entire transcript of the interview of one participant is presented. This is to give the reader a sense of what whole interviews sounded like, something that can be lost in a purely categorical presentation. Then I move on to their stories about suicide, and the categories that arose, providing numerous pieces of transcript to support my conclusions. Following the presentation of the categorical/theme structure and their interrelationships, I present the theory that best encapsulated the findings. Finally, the results of the verification interviews are presented. This format for the results is consistent with the favoured practices of qualitative researchers (Ely, 1997; Munhall, 2000; Wolcott, 1990).

## Results

### Chapter 6: The People and Places Involved

The goal of the first four sections of the results is to acquaint readers with the major elements that coalesced in the construction of the meanings that developed through the qualitative analysis. The first section entitled “researcher stance” presents my background and experience with the research. This should allow readers to have a sense of how my role both as interviewer and analyst shaped the study from conception to final presentation. At this point I would also suggest that the readers keep in mind how their own worldview influences their understanding of the results presented here. In the second section I describe the contexts in which the interviews took place. The goal in providing these descriptions is to give a sense of the “how” and “where” of the interviews. This provides readers with approximations of the research settings allowing for a consideration of how such settings may have affected the meanings constructed there. Third, demographics gathered in the interviews are presented to give an overall picture of the participants. The fourth subsection serves as a gateway into the experiences of the participants themselves. In this section I chose to present, in its entirety, an interview transcript typical of the more in-depth interviews. This was done to give the reader a sense of the people that lay behind the larger narratives, something that can be lost when small pieces of transcript are grouped to elucidate category and theory.

#### Researcher stance.

The reasons why I started this research project would place me in a category well known on the streets: twinkie. Not wanting to conduct what I perceive as mainstream research, I left Windsor, tape-recorder in hand, the amateur ethnographer with a head full of stereotypical beliefs about the street and street kids. I was the “twinkie” equivalent of a kid from a wealthy suburb who makes his way, glassy-eyed, to the streets vowing never to have to do the dishes again (and who is usually back home again within a week if lucky). The ‘eye-opening’ process began with my Masters study that focused on prostitution-involved youth. The many hours I spent at the

outreach agency talking with those youth made very real something I may have superficially understood earlier: hookers and hustlers are human, and many are hurt profoundly by what they do and what is done to them. I came back into my life as a graduate student somewhat enlightened. It was a glance into a world I had never really seen. My childhood and adolescence were not perfect but I don't recall ever thinking about running away and was fortunate to have parents who did not beat, rape, or throw me out of our home. I do not know what it is like to be cold. To be hungry. To have my body screaming for a drug. To have no one. I walk by them with bags of shopping saying "sorry" when they ask for change. I avoid the neighbourhoods where they live. I was afraid of them.

In this study I set out once more with recorder and food coupons. I was armed with some insights gained from the Masters study which proved useful, and ideas that came from my life and studies as a graduate student, which proved to be irrelevant to street life. This study was different from the last. While I did many interviews in agencies, I also spent about thirty days wandering the streets of Toronto and Vancouver. Again, I found a degree of acceptance that I would not have guessed possible even with my positive experience with the Masters participants. Within a few days in each city I became fairly well-known among the street youth as the "interview guy" or the "suicide guy". Again and again my stereotypical assumptions were undermined as I approached people who I would have earlier classified as "scary" or "burn out" or "addict", but who turned out to be friendly, insightful, and interested in what I was doing. I did not have a single experience on the street or in the agencies that I would call bad.

My interviews changed quickly from the initial plan. Much more time in the interviews was spent talking about people walking by, the weather, their dog, what I do, where they have travelled etc. I explored areas and asked questions, but eliminated many of the original questions as I found out that "many questions" had an inverse relationship with amount of information obtained. In my time spent sitting on sidewalks, I started, and here I am emphasizing that started was all it was, to see *something*. I found that if I watched for long enough I could begin to see what I would

call the flow of the street. I could see those who made their living there, and the distinct line between them and those who did not. Sitting with a few participants, I saw people's heads quickly turn away, saw looks full of scorn, and was asked several times by the police and business owners to move. Added to this experience were the many hours in conversation with the people who, unlike me, spend all or most of their time on the street. I heard stories of horrific abuse, the hopelessness of being addicted to heroin, violence, loneliness and social oppression. I also heard many stories of phenomenal strength and resiliency.

These experiences have left me with a feeling of obligation that goes far beyond the need to put 46-798 (dissertation course number) behind me. The people I spoke with trusted me and showed me some of their world with the understanding that I would let their struggle be heard. This is the stance or filter through which the analysis that follows was developed. I still have a privileged middle class Caucasian heterosexual male life. I don't pretend to fully understand their world. What they have shared with me, however, has allowed me to let their experiences be heard. I view my role as that of an advocate, as a person who wants to, and has a duty to try and help those on the street. This role is, I hope, not constructed with naïveté. I do not wish to present the Disney version of the street youth experience. I understand street youth as being both weak and strong like everyone else. I strive here to give a truthful representation of the understandings communicated to me.

#### Toronto: Youthlink – Innercity, Vancouver: Covenant House.

The agency settings of the interviews in Toronto and Vancouver were very similar. Both serve as multi-purpose resource centres for street-involved youth. They provide a common area where youth can get something to eat or drink, talk with one another, read the paper etc. Computers were available that were used to construct resumes and for internet access. Social workers and youth workers approached everyone who came in, welcomed them, and helped many in their search for a variety of services such as shelters or legal aid. In both settings I was provided with an office, and I would wait in the common area introducing myself to the people that came in, chatting

with whoever happened to be around. Word of what I was doing was spread by the street and social workers, but for the most part was communicated by word of mouth from those I had already interviewed. In each setting there were a few street youth who were very interested in the study and with whom I seemed to connect well. These individuals went around the agency actively recruiting people for the study. The reactions I overheard were typically laughter followed by inquiry into what kinds of questions I asked. As far as I was able to discern, only five youths over both agencies declined to be interviewed. Interviews in the agencies ranged from approximately 15 minutes to an hour and a half. The majority of these interviews lasted around 30 minutes. The staff at both locations were very helpful, although the staff at Covenant House in Vancouver was particularly interested in the project. The woman in charge of Covenant House added that “the kids had a great time with it”.

Toronto: Queen St., Vancouver: Granville St.

The majority of the street interviews were held on Queen street in Toronto and Granville street in Vancouver. On both streets there are stretches of three or four blocks on which there is a high concentration of youths pan-handling. These youths sat on the sidewalks alone or in small groups asking passers-by for change. Roughly half of them were dressed in what could be called “punk” attire (Doc Martin or army boots, pants and sweatshirts with punk rock band or anti-establishment patches and logos, dog collars, spiked bracelets, many piercings etc.). The rest tended to be dressed in baggy clothes, which, with the exception of their dress usually being more worn and dirty was not substantially different from the attire typical of that age group. In both Toronto and Vancouver the agency and street interviews seemed largely interchangeable since I ran into many youth I had interviewed in the agencies on the street and vice versa. This, along with conversations with agency staff, led me to believe that many street youth who are largely self sufficient frequented the above agencies for such things as food and a shower. In other words, youths who rarely use services tended to go to these agencies when they had related needs. On the street I would approach these youths and introduce myself and what I was doing, sit next to them and place the recorder between us. Only three of the youth I approached on the streets of both cities declined being interviewed.

I was unselective in the interviews on the street, approaching any youth who appeared of the correct age and who was engaged in a street related activity. Some participants continued to deal drugs over the course of the interview. I did not conduct interviews in areas high in drug trafficking, prostitution and/or gang activity for reasons of personal safety. Street interviews were shorter than agency interviews, ranging from 10 to 45 minutes. The average length of the street interviews was approximately 20 minutes. These interviews were shorter and were not as in-depth as the agency interviews likely because many of the participants on the street were working, there were many distractions, and often a friend or acquaintance was within hearing distance. This may have impacted on the person's sense of privacy and confidentiality. Also, in the street interviews I was less often vouched for by another street youth or youth worker. Again, on the streets of both cities word spread about the study and in the areas mentioned above I became fairly well-known, having spent a substantial amount of time chatting with youth I had interviewed earlier.

#### Demographics.

See Table 1 for a complete listing of demographic information. A total of 98 individuals were interviewed. Of these 98 interviews, 18 were removed from the analysis. Three of these were removed because they exceeded the age limit imposed by the study. The remainder were discounted because their life experiences were not consistent with the defining features of street youth. For example, several youths were interviewed who lived at home with their parents and were only visiting friends who lived on the street. There were others who had never had street experiences but were impoverished and using the agencies for various services. Thus, the total number of participants included in the analysis were 80.



Table 1

Population Demographics

Demographic	n	%	Demographic	n	%
total N	80	--	Ethnicity:		
male	49	61%	Caucasian	68	85%
female	31	39%	Native	7	9%
Toronto agency	19	24%	Other	5	6%
Toronto Street	21	26%			
Toronto Total	40	50%	Living Arrangement:		
Vancouver agency	20	25%	street	58	73%
Vancouver street	20	25%	shelter	5	6%
Vancouver total	40	50%	apartment	7	9%
Street Total	41	51%	hotel	6	8%
Agency Total	39	49%	other	4	5%
	<u>yrs.</u>		Income:		
Age Range	15-24	--	panning	42	53%
Age Mean	19.8	--	pan and squeegee	13	16%
Age Median	19	--	social assistance	5	6%
Age Mode	19	--	part time wk	5	6%
			employment programme	5	6%
Education mean	9.9	--	prostitution	3	4%
Education median	10	--	other	7	9%
Education mode	9	--			
			Subgroup		
			none	62	78%
			punk	10	13%
			other	8	10%

Of these 80 participants 49 were male and 31 were female. This ratio is consistent with the proportions of males and females I observed in the agencies and on the streets. The age range was 15-24 with a mean of 19.8 and median of 19. Of the 40 interviews done in Toronto 19 were conducted in the agency and 21 on the street. In Vancouver, 20 interviews were conducted on the street and 20 in the agency. The mean level of education was 9.9 years. Eighty-five percent(68) of the participants were Caucasian, 9%(7) were Native Canadian, with the remaining ethnicities varied. Most participants (75%, 60) did not identify themselves as belonging to any particular subgroup. Thirteen percent (10) identified themselves as punk. The Native participants, to varying degrees, described themselves as belonging to the Native subculture/group on the street. Additionally, of the three male participants who stated that they were gay, two described close ties with the gay community.

Several demographic questions were asked in an effort to obtain a profile of how this group was living in terms of shelter and employment. These figures must be regarded tentatively since most street youth, over the course of their time on the street, have several different living circumstances and means of making money. As such, the numbers presented here are a 'snapshot' with many of the participants having lived differently from the year before the interviews and would likely be living in a different way in the next year. With this in mind, 73%(58) of the participants reported living on the street at the time of the interviews, 9%(7) reported living in apartments, 8%(6) in hotels, and 6%(5) in shelters. Fifty-three percent (42) of the participants reported that their primary source of income was panning (pan-handling), 16% (13) reported a combination of panning and squeegeeing (washing car windows for money), 4% (3) reported earning money through prostitution. Social assistance, street youth employment programmes, and part time work were each reported as primary sources of income by 6% (5) of the participants. Dealing drugs and other vaguely described criminal activities formed the remaining 9% (7).

Several of the major potential points of comparison were explored in reference to demographic information (see Appendices D1-D3). These were male vs. female,

street interviews vs. agency, and Toronto vs. Vancouver. Fisher's Exact Test (two-tailed,  $P < 0.05$ ) revealed no significant differences between any of the above groups on demographic information. These comparisons along with the demographics for the group as a whole would suggest, at least in terms of demographic information, that the participants in this study are a fairly homogenous group.

Cathy (pseudonym).

I interviewed Cathy at one of the agencies. I had already done a few interviews that morning, and had walked out into the drop-in area for a break. There were about six or seven youth spread out over the room. A few were talking with each other. Some reading the paper, others were on the computers or were talking with youth workers. After a few minutes a young woman I had not seen before came up to where I was sitting. "Are you the guy giving McDonald's money for doing the interview?". Like most of the people I had interviewed she approached me with a grin and an appearance that gave me the impression of self-assuredness and a slightly challenging look. What follows is the transcript of my interview with Cathy.

[The initial part of the interview was spent describing the purpose and nature of the study, confidentiality and participant rights, and gathering basic demographic information which is omitted to preserve confidentiality].

Sean: Okay, maybe we could start by you telling me a bit about your background. Like what home was like if you had one, how you came to be on the streets, what you have been up to on the streets. Anything you want to say about stuff like that.

Cathy: I was kicked out at age 14. Um...then I moved up to ----- with my mom. I left my mom's place because I found out she wasn't my real mom who left when I was a baby or whatever. So I went to live in a foster home when I was fourteen. And after that I was in foster homes, and foster homes, and foster homes, apprehension, foster homes and all

that other stuff. Moved back for eight months when I was fifteen. I got kicked out again. I had to drop out of school. Get a job. And so basically, I went from the foster homes because I couldn't take it any more so I just dropped out of it after that.

Sean: Did you have bad experiences with foster homes?

Cathy: Oh yeah. Really bad. They treated me like crap...so yeah. I was just bouncing from foster home to foster home and group homes and stuff. And, after my last group home, because of all that bouncing around and instability and nobody really wanted me...in the group homes and foster homes. Some of them were okay, like the people that run them are okay, but the staff...when the boss is there they treat you all good but when they leave they just treat you like crap again. But, I have been through some bad situations...like this one time I had a concussion and the group home guy, he wouldn't phone an ambulance or anything and he was just jerking me along. I had been drinking and I was fading in and out so I got really angry and just beat him up. Um...I don't know. I got into drugs and alcohol because of all the stuff that was happening with me not knowing where I was going to be tomorrow.

Sean: Especially at that age, that must have been pretty rough.

Cathy: Yeah. The whole part of your...coming into adult life. So, I have been actually been a month now off drugs after I had been using for so long. When I was fifteen I was living with this nineteen year old, so I started smoking coke when I was fifteen. So I grew up real fast. It is so easy to get hooked into drugs around here and not knowing where you are going to be the next day, so you just smoke that crack and you are like 'it doesn't really bother me', you know?

Sean: So what sort of stuff were you doing on the street to survive all that time?

Cathy: Well...I can't really talk about that stuff because it is on tape recorder but there is a lot of crime, making lots of money...lots of money, lots of money going around. Like seven hundred bucks every day, but once you get into the drugs it is not so good. But you start not to care about anything any more. I mean, you don't even think that you can get out of it.

Sean: It is a pretty trapped kind of feeling?

Cathy: Yeah. Yeah. You feel trapped. You feel you can't leave.

Sean: So how did you come to get out of that lifestyle?

Cathy: Um...well I came into Covenant House and met some really good people and they had been trying forever to help me. I met like some good people and each time I came to Covenant House I would stop. So it became easier to get off of it. So that's where I have come to now. I messed up a couple of times before, like two times but yeah, Covenant House...having a safe place. Not going around to where all the drugs are. Staying off the street is pretty much all I do.

Sean: Did you have to break contact with a lot of people you knew?

Cathy: Everything.

Sean: That must be kind of hard in some ways, like if some of them were your friends.

Cathy: People say 'they are your friends only when you have drugs' but they are your friends. And they are nice to you and if I didn't have a place to go they would help me find a place. They are not just going to leave me on the street standing there you know? And that's what friends do...I was trying to explain to somebody the other day that they're equal...everybody's equal right. Just because somebody does drugs...because I got off of it, we are all equal and it doesn't matter if that person is doing drugs.

Sean: The whole stereotype thing.

Cathy: Yeah. Like I have probably done things just as bad as that person. So now I am just like...either way, some people are bad. It depends on their attitude.

Sean: If it is okay, maybe we could talk a bit about suicide now. You could tell me about personal experience, people you have known, ideas you have about the topic. Whatever you want.

Cathy: I don't know if I was really attempting suicide, but I know I could die. I popped seventeen tylenol threes and I was drinking. So I was drinking and partying with all these drug dealers right. I am just one of those people who are friends with the drug dealers. So I was in bad shape, and I don't remember why I ended up drinking that night. I don't know what happened that night. But I was drinking beer...drinking tylenol 3's down with the beer. So I knew that was a problem. First I was popping three, and then I ended up popping the whole bottle and the situation got bad, and I went back to the shelter and I got sick there. And then I just slept like a little baby there after. Yeah...the next day I got up I started drinking again. The third day, I was still drinking and I came down to Covenant House and I had no place to go. And they said 'well

we want to make sure your health is okay'. And I went to the hospital, and they took a blood test. My alcohol level was like 63 because three days earlier I had done all those tylenols right. So they left me in the hospital and...I don't know if it was a suicide attempt, but I didn't care if I died. I didn't care. If I died, I died. I wasn't trying to commit suicide, if I die...I don't know if that is suicide...

Sean: It sounds sort of like it.

Cathy: Yeah in some ways.

Sean: What was going on at that time that was...

Cathy: Well, I had no place to go. Like, nobody...my parents didn't know where I was. I had boyfriends coming in and out of my life. Just people...I don't know...

Sean: Felt all alone?

Cathy: Yeah.

Sean: Sounds like a rough time.

Cathy: Yeah...I just thought I might as well...[Long pause. She looked sad and uncomfortable so I back away a bit].

Sean: Do you hear about hear about suicide attempts or suicides among the people you have known on the street?

Cathy: I hear about...yeah I hear...like this one girl was telling me how...ah...she was getting these phone calls with answering machine

messages 'phone me phone me phone me'. And she didn't get back to the girl who said 'it is very important, phone me, I need to talk to you'. She phoned the next day after that one phone call. It turns out the girl had hung herself...it was just...I thought that was pretty bad. She couldn't forgive herself for not phoning. Me myself...I always think of it...if I wasn't Christian. If I didn't believe in God, I know I would be dead right now.

Sean: So that is something that at the worst times has kept you going?

Cathy: Yeah. That's the only thing. And my brother and sister. One time, when I was younger...back then when you reported physical abuse, social services wouldn't do anything about it. Like when I was eight years old or nine years old to when I was fourteen, they never did anything. They wouldn't do anything about it. They wouldn't prosecute. So it was really hard. I just found myself when I was twelve years old and I was, I don't know if I was locked in my bedroom or what. But my step-mom...I was sitting on the windowsill ready to jump off the second story. And she came in and asked me what I was doing, and I was like 'sitting on the windowsill'. I've always thought about it. But I have a fiancée, and I am always thinking about how he would feel. It is just like...I don't know, it is pretty rough. Life out here...I'm scared. I was sitting there the other day smoking a cigarette and I was shaking because of the area of the neighborhood I live in. I mean, the other day I saw this lady getting dragged into a van. There was four guys in the van, and she was getting ripped into the van. She was screaming her head off, and she went running into the main street to get help. And there was people who wouldn't even do anything. They just watched, and didn't even care. I didn't get the license plate down, but I got some of the description of the van to like tell them. So it is just...



Sean: Stuff like that going on...

Cathy: Oh yeah. Even cops, I can't stand cops. Some of them. The other day I saw...they had been chasing this guy on a bike for like ten blocks and they couldn't stop him. So they took the car and bashed him with the car right off his bike. So the guy kind of shakes his head, and then starts running. And when the cops get him down on the ground, pinned him down, and then another cop takes a billy club and starts beating him with it. I mean...I don't think there is any justice there. I think cops are getting away with a lot. The guy wants me to be a witness, but I am scared of cops as it is, and if they get to know me. I just didn't think that was right.

Sean: I guess after everything you have been through, living in a stressful neighborhood like that can't be too good.

Cathy: No, it's not good. I kind of want to move out. I never wanted to live there, in the drug area. Nobody's happy. There is too much drugs, there are too many ways to make money. Going panning, ripping off bus drivers and there are armed robberies going on everywhere. Everyone is getting money for drugs, getting high again, and then getting more drugs. There is detox and stuff like that, and that can help. I went to detox and that helped me a little bit with recovery. It kept me from going back. I think most of it is the drugs you know. That lifestyle is pretty bad. I was doing so much crack and heroin that I didn't even have money for McDonalds. So...

Sean: So you didn't care about your health and all that...

Cathy: Yeah. Yeah. It kind of makes you want to give up and stuff.

Sean: Well, that is a hell of a thing to come out of. To find your way out of.

Cathy: Yeah. One other thing is like, the cops don't do anything about the drugs. They don't care if you are buying drugs. And some of the drug dealers they don't even care about. The small stuff they don't even play around with. So you have all these crack heads going around just zombies.

Sean: I have noticed that the deals out here are pretty open.

Cathy: I was standing on the corner of ----- and ----- and a cop pulls over and says 'all the drug dealers and all the drug smokers get out of here.'. We all started walking, we cleared the whole area. They could have just busted us then and there. They didn't even do anything.

Sean: How do you cope with bad times right now?

Cathy: Sleeping. Lie in bed and watch tv. Smoking cigarettes. Talking. But there is a lot of people wandering around like zombies, so I don't feel the need too much to protect myself because they are not too dangerous right? But there is a lot going on that keeps me worried. Like, I know that I could win a fight with a lot of people, but you know who I wouldn't want to fight is the street girls [referring to girls involved in prostitution]. Because they are in so much pain, and they know what the street is like and they have so much bundled up because they have been on the streets for so long...they could just knock me out. And the person on the street, they don't care if you die.

Sean: I guess those are the scariest kind of people.

Cathy: Yeah. That's pretty freaky.

Sean: What sort of stuff do you do for fun?

Cathy: I go to an amusement park. I just hang out, but I can't really hang out around here without being around people with drugs...so...

Sean: What would have helped you? Like, if there could have been some service or law or agency...anything like that that should have been there. Is there anything like that that you think should be there?

Cathy: I was talking about this the other day. But, to make it less scary for people to walk on the streets, and women to be out on the streets. I was thinking putting more street lights out. There needs to be more lights, and that is less stress. That way people could see each other, there would be more witnesses, people wouldn't be so scared, they wouldn't need so much counselling.

Sean: It must be pretty scary walking home at night.

Cathy: Oh yeah. I am looking behind my back all the time. I wanted to take kick boxing. It is really dangerous.

Sean: Any other things?

Cathy: I just wish that the cops would have done more when I had gone to court and said that somebody is hurting me...I don't think I would have been damaged as much. I might not have even done those drugs. I might have been raised properly. I think that is what it is, you don't have to hit a kid to discipline them. It has to be done better for us to know that we are protected.

## Chapter 7: The Analysis

The results of the qualitative analysis will be presented in the following sections. See Appendix E for list of the categories that arose in the coding process. Throughout the body of the results, percentages are given which indicate the frequency with which various themes and categories arose in the narratives. While these numbers are helpful in forming a picture of the theme structure, their meaning in the context of this study must be made clear. As the interviews were not structured, these percentages only indicate how many people volunteered that piece of information. Thus, a percentage given of 25%, does not mean that the other 75% disagreed with this view or felt differently. What it does mean is that they did not mention it in their stories, which while very important, has a different set of implications than what is traditionally indicated with such statistical terms. The only information that was gathered in a structured format were those data listed in the tables of demographics.

The focus of the results section shall be on suicide and related constructs, and issues pertaining to coping. While a great deal of material was generated regarding the many and diverse experiences these participants have had in their lives, when unrelated to the topic at hand, they will be presented in a highly abbreviated form if at all. Many of these areas were not focused on in the interviews, and while interesting topics in and of themselves, they were not consistently addressed and were rarely discussed in any depth.

### Family background.

Family background is a category with the defining feature of pre-street home/family experiences through which ran themes of abuse and rebellion. The category of 'family background' has a dual existence in the analysis, depending on the frame of reference in which it is considered. The construct of family background to be examined first is one that is in a grey area between demographic and analysis. The purpose of this study was not to engage in an in-depth analysis of the family backgrounds of street youth. Much of what was told about family background did not take place in the more specific context of a discussion about the participant's

understandings of suicide. Given, however, the previous work (see Introduction) linking negative family history and suicide, it would be remiss to not present such material. It is important, though, to keep in mind that any links made between the participants' descriptions of their pasts (out of the context of suicide) with suicidality would be speculative. Such a line of investigation must be thorough and systematic, and likely best addressed with quantitative methods. The following material, therefore, should be regarded as in-depth demographics. As such, this category was more applied than 'emergent' serving as a location for this important material that was not the focus of this study. Family background will appear again shortly as 'family background discussed in relation to suicide'. Such meanings of family actively linked with suicide by the participant *are* central to the theory developed in this study.

The following material arose primarily in the context of their descriptions of the reasons for ending up on the street, having run away or been thrown out (See Table 2). For many street youth, talking about their lives before they came to the streets was very difficult for often the reason they ended up on the street was to escape abusive and neglectful caretakers. To discuss such experiences in the first ten minutes of an interview with a stranger clearly limited any such exploration. This is likely responsible for the 17 (21%) participants who stated that they did not want to talk about their family (or lack thereof) experiences.

"That's touchy stuff. Home life I don't talk about." (I25)

"I left when I was about fourteen, Native Canadian...that's basically it."  
(I27)

Most participants, however, spoke with varying degrees of openness about their experiences prior to coming to the streets. Of these, 48 (60%) described some form of problematic background. These participants described experiencing either individually or some combination of the following:

**Table 2**  
**Reasons for Leaving Home**

<b>Reason Given</b>	<b><u>n</u></b>
Instability	12
Physical Abuse	10
Neglect	9
Sexual Abuse	6
Lack of Money	5
Emotional Abuse	2
Abuse General	2
Disowned	2
Parental Drug Use	2
Parent Died	1
Non-Specific	8

Though not the major focus of this study, I think it is important to include sections of transcript containing descriptions of some of the above. In many instances discussion of family background provided a background for the (typically) later description of experiences with suicide. I found many of these stories extremely intense and disturbing. Most participants appeared upset when relating them; some cried and some told them coldly as though reading a report of the weather. What follows are a few examples of the participant's stories about their lives before they came to the streets.

"my mother left me when I was two months old. I have been in group homes...detention homes mostly all my life. I have been

incarcerated once for a year and a half for something I did when I was a kid...I got dragged by a car when I was a kid. And that was by a foster father and foster mom because I would not eat my food. I was in a nun's boarding school one time standing there. I sneezed and after I got thrown into my room. Seriously. By two nuns. Thrown into my room against a wall and they locked me in there for a whole entire day without food and I couldn't use the washroom...when I was thirteen I found out I was gay, and that scared me. Because I didn't know where to go. I lived in a hick city. My family they said 'no fucking way I don't want you in my house. I don't want no gay man sitting on my toilet. I don't want no gay man touching the food in my fridge. I don't even want to look in your face. Don't even call my number ever again.' This is my parents. My foster parents said this to me." (I66)

"Home was my dad molesting me and my mom on coke. And my dad leaving and my mom's boyfriends molesting me and my mom on coke. Same trip. I used to get beat a lot when I was a kid. Home was rough. Home was poor. My mom was like bringing tricks home and stuff and shit and fucking up big time. I don't know... my aunt killed herself when I was three. I have really morbid dreams sometimes too, like I see people dying and it is like [crying]...oh shit... It's pretty hard to forget." (I7)

"Pretty much I have been on the streets since my mom kicked me out when I was nine years old. At that time I was going around house to house, building to building before nine years old asking for spare change and if I came home with less than forty dollars she'd kick my ass and send me back out. She was a user of crack cocaine, and she said I was paying rent so I came up to the house one day with the keys and everything since I was paying rent so I didn't understand what was going on and she came up [interrupting mother with client, she was a

prostitute] [takes a breath, trying not to cry] and said don't ever disrespect me like that again, get out. Threw all my stuff out and everything. So I went to stay with some family every now and then, and got into more trouble with family than ever. And I travelled a lot, and a whole bunch of shit happened. Family, friends, were passing away and...so...I started using, got on drugs. I started using drugs because of my mom business, and because I was five pounds overweight of my average of what I was supposed to have. So I got on crack, speed and cocaine...and here I am now." (I41)

The remaining participants described their families as "okay". Of these, 6 (8%) said that they never had any major problems with their families, and 9 (11%) said that their families were good but they ended up on the street out of a need to rebel.

"I left home the first time like two years ago. I was basically because...well it was during the summer and I decided that I wanted to go across Canada and I decided I would and then I went back for a while. More recently...I got kicked out of school again, and it was like, I was sitting around doing nothing I might as well sit around and do nothing someplace else...I have a bit of a problem with authority but like...I am pretty lucky my family wasn't that bad." (I33)

### Backdrop.

The goal of this section is that it might serve as a point of entry into the complex system of meanings given to suicide by the participants. Some descriptive statistics are presented based on what the street youth said about their history with suicide. There are two points to keep in mind while considering the following numbers. First, I did not push for this information and asked direct questions only when it was clear that the participants were open to talking about their experiences with suicide. As I mentioned previously, direct questioning of sensitive areas can greatly undermine rapport and any impression of "pushing" for information is fatal to the interview process. Therefore,



much of the following descriptive information was volunteered after a broad invitation to do so (e.g., “you could tell me about personal experiences with suicide if you feel like it”). Second, the construct ‘suicide attempt’ appeared to be very fuzzy in the meanings gathered (a case to be developed over the course of the paper). For street youth, the meanings of ‘suicide attempt’ may be different from those of mainstream society making it difficult to discern exactly what the following percentages may indicate. Following the statistics, a number of pieces of transcript are presented in which participants described their experiences with suicide. It is hoped that by reading these, the reader will be provided with a sense of the depth and wholeness of the participants’ experiences; a backdrop for analysis results that are necessarily but artificially are fragmented to some degree.

See Tables 3A and 3B for descriptive statistics for suicide attempts. A total of 37 (46%) of participants reported having attempted suicide at least once. Separated for gender, 58% of females reported having attempted suicide as compared to 39% of males (difference not significant per Fisher’s Exact Test, 2-tailed,  $p=0.05$ ). Differences in attempt rates were not significant between those interviewed on the street and in agencies, or between Toronto and Vancouver. Of the total 37 participants who stated that they had attempted suicide, 23 reported having made more than one attempt. The three primary methods of attempt described were cutting of wrists or arms with a sharp object (14), overdosing on drugs (10), and hanging (5). In their descriptions of where, or at what point in their lives they had attempted suicide and/or been highly suicidal (not necessarily having attempted), 22 said they had been suicidal both before coming to the street and while on the street, 18 said they had only been highly suicidal before coming to the street, and 8 said they had become suicidal only after coming to the street.

Table 3A

Suicide Attempt Information

	Total (N=80)	Female (n=31)	Male (n=49)
Suicide attempt	37 (46%)	18 (58%)	19 (39%)
where suicidal:			
home and street	22	13	9
home	18	5	12
street	8	4	4

Table 3B

Means of Attempt

Means	n
Cut wrists/arms	14
Overdose	10
Hanging	5
Jump	2
Gun	2
Misc.	3

In the following narratives participants describe their experiences with suicide. These are some of the stories underlying the analysis.

"I've attempted suicide twice when I was younger. I tried popping a lot of pills, and just slept it off. I also tried to inject air into my vein, instead just had a big old air bubble, missed the vein. I know when I was going through that it was mainly I felt the most alone in my

life. I didn't want to deal with anybody else. Just got really depressed. Had a couple of friends that just totally dissed [disrespected] me and it was like... I don't really know how to put it in exact words. Just feel totally alone, and you just don't care. You just don't care about yourself, others, and just ready to get on with the next step of life." (I2)

"Okay um...personal experience...although this is just a tape recorder you can see all of the scars on my hands, and wrists, and arms and...I've got them all over. Not to mention a lot of internal damage from overdosing...well...purposely trying to overdose on medication. Basically while I was fourteen when everything started going wrong. I turned to knives. Razors. Everything. Especially on the street. Life became really horrible. Because when you are fourteen and you are with people who are...well...my age now, seventeen. And you don't know hide or tail what's going on. And I didn't know how anything worked. And I put myself in a really risky situation and I just didn't know how to deal. It was...In a sense I was being used and I didn't know why. I was being used as a drug runner to get people their drugs. I was literally being pimped off. But not to other people, but to them. They were using me for whatever they desired. And, in my mind I didn't mind. But when I was finally brought home...it took like three months, and I dropped...I went down to sixty pounds. I was not eating. And I was feeling absolutely horrible about myself. I didn't want to continue on any longer. I was...I have gash marks that I can't even explain to this day. And it was really hurtful, because when I finally got taken home and it clicked in my head that...'hold on, they were using me', I felt like this [holds fingers close together], like not even an inch big. Anyways...when home life got bad that's what I turned to. When street life got bad, that's what I turned to. On a personal level, one of the most major attempts that I did, was...I actually had hung myself. And it took my mom....she found me four minutes after I had hung myself. And I

wasn't breathing. I was unconscious. I was blue and purple from the neck up. I remember like two minutes, and I couldn't breath...and suddenly I had this overwhelming urge that I wanted to live and I couldn't undo what I did. If my mom hadn't found me, I would be dead. And I remember the reason for that one. I had a good friend...her name was ----- . And she had been my best friend for eleven years. And, she decided one day that life wasn't treating her all that well. And she shot herself in the neck. And I got the message that she had died. And I was beyond depressed. I had grown up with her. This is someone that was a major part of my life. I'd grown up with her. I had known her since I was three years old. This was someone that was a major part of my life. There was no explanation. She had left no note for her parents. The only thing she left was a poem for me. And most people don't understand the reason behind it. It's something that we shared on a personal level. And only when I read it I understand why she did this. It was truly sad." (158)

"I tried to kill myself with a knife...now I write poems about it now when I get these weird ideas about killing myself. Alright...right here [recites poem from notebook]:

Sometimes I think about slashing my wrists,  
 now more than ever.  
 More now than I ever have.  
 I don't think about the death that it will bring,  
 but of the blood running down my arms.  
 I think about the redness dripping off my arm,  
 onto the floor making a puddle.  
 I want to feel the coldness, the numbness,  
 that I know that it will bring.  
 Letting out my last breath,

is not the wanting to die that makes me slit my wrists.  
 Yet the need to feel the death coming up on me.  
 Seeing my own blood pour onto to floor from my body,  
 from wounds that I have caused.  
 To know that the last person to hurt me was myself.  
 That is what will cause my death.  
 The reason why I will kill myself." (I60)

"I had a friend of mine who committed suicide right in front of me. And it totally scared me...I still have dreams over it. I came home one day and he was in the bathtub. He took a razor blade and he jig-jagged all the way across his neck. It was in one of those old fashioned tubs. His head tilted back and his adam's apple had fallen out. And after that it was like six months later, I was just walking around and I tripped and I saw my own blood. And I went 'oh that's nothing'. And after, something clicked in my head. And I really wanted to see more. I wanted to really hurt myself because I saw my friend...I had a vision of my friend, of what he did. And I didn't want to live. And when I was younger I had a twin brother named ----- and he got raped and murdered. And, to this day I don't know who this person is but I am having dreams over him. Every time I wake up I am covered in sweat. I don't want to live. I mean, I just don't want to do anything. I don't want a job. I don't want to live. I don't want to talk to nobody." (I66)

### The spiral.

The results of the qualitative analysis are presented as follows: Graphically this presentation would be the equivalent of a spiral. Starting with what emerged as the most central theme, there is a progression from themes and categories central to the suicide construct through to more peripheral categories that are offshoots and consequences of the more central categories. Themes/categories described as 'central' are formed from the emotions and intrapsychic processes that surrounded the

participants' descriptions of their experiences of suicide. Next presented are actions the participants described taking as a result of their emotions/internal experience. The progression then moves to participants' experiences related to suicide that they located external to themselves yet were still a part of their personal experience. These were categories formed on the basis of what was 'happening to them'; the situations and problems they had and were facing that were a part of why suicide was/is an option. Next to be presented are categories representative of broader understandings of suicide on the street that are referenced primarily in terms of external understandings. These are categories formed of meanings that were not located within the self. In other words, their understanding of what was happening to other street youth, and issues happening 'on the streets'.

Thus, the progression described above essentially moves from intrapsychic to extrapersonal, or perceived internal to perceived external. Following this exploration of the meanings surrounding suicide, another dimension is added. These are categories developed from the participants' descriptions of how they cope and their strengths. Such categories often were described in opposition to the themes of suffering that formed their understanding of suicide, or positive beliefs/actions that work against those associated with suicide.

The importance of these categories and the central theme described above were gauged in two ways. First, I paid attention to the number of participants who brought up these elements. It is my belief that themes that emerged with great frequency may indicate domains shared by many street youth and as such be useful to identify in prevention and intervention efforts. Second, in many of the interviews there occurred a place or places in which the participants, after sharing several stories and experiences summed up their thoughts on street youth suicide and what was causing it. In these parts of the interviews the participants seemed to be giving the 'bottom line' or what lay at the heart of the problem. The present discussion of 'most-central' themes was derived from these statements that I consider central to the suicide construct. These categories arose as being related to suicide both in the context of suicidality before

coming to the street and suicidality on the street. Most of the discussion, however, was framed in the context of street life.

The reader may wonder about the same quotes/material being presented as a part of more than one category. This is the result of two considerations. First, I have chosen to include lengthy quotes due to the request of the participants that their stories be heard, and that meanings artificially parsed into small units that in many ways *lose meaning* having been separated from the larger context. The result is the same material appearing in more than one place, though the emphasis is different depending on the category in question. Second, and somewhat related, is a matter of 'magnification'. By this I mean that some categories are more magnified to focus in on an experience such as hopelessness. A later category might look at drug addiction, which includes hopelessness, but the level of magnification is reduced as the focus is on the implications of a broader phenomenon. Hence the apparent lack of mutual exclusivity of the quotes.

After the presentation of the analysis results, a theoretical model is proposed that is based upon the category and theme structure that emerged. Again, throughout the analysis, numbers are used to give the reader a sense of the pervasiveness of the themes and categories. These numbers should not be considered in reference to the total number of interviews conducted. While all interviews were used, between 50 and 60 of the 80 interviews could be regarded as being of substantial depth. Of these, approximately 50 spoke in depth about their thoughts and experiences with suicide. Not knowing or having little to say about suicide is a category discussed later, but the emergent theory central to suicide was drawn primarily from about 50 interviews. Therefore, numbers presented in this context would be more adequately referenced against approximately 50 interviews rather than 80.

**The four central themes: trapped, worthless, lonely, hopeless.**

These four central themes emerged in the narratives as the 'distilled' or central experience related to suicide by the participants. They described various negative situations/experiences (X) that had or were making them suicidal, and within those descriptions were the above words (trapped etc.) that they used to define the impact or result of those negative situations. How they felt due to X. What X did to them. X made them feel \_\_\_\_\_ which led to suicidality as a result. These words often arose at what I perceived as the most powerful and emotionally charged moments of the interviews. I give these themes primary importance because they are the subjective experiences linked to suicide. For example, sexual abuse does not lead to suicide. It is more a given person's feelings of powerlessness and worthlessness surrounding their memories of abuse that lead to suicide. The categories presented here are, as such, the experiences that mediate between situations and events and actions such as suicide.

There is a large amount of interrelatedness among these themes, and they often co-occur seemingly with the same thought. It is possible that they could be different words describing one general experience of distress. They are separated here, however, since I do not want to make assumptions regarding the relationships between these experiences that I did not gain from the data or confirm with the participants. They are given the order of trapped, worthless, lonely and hopeless for the following two reasons. One reason is frequency. My interpretation is essentially: the more people that describe a particular experience the more important it is for this group in general and, following that, the more important it is for researchers and suicide interventionist to pay attention to. The primacy of the trapped theme is also conceptual. The trapped experience appears to join together both negative feelings and negative situations. In other words, the person is trapped with negative feelings such as worthlessness and loneliness (i.e., perceived as internal) and also trapped in situations perceived more externally such as drug addiction and social stigma. This can be seen in the way that trapped was described as a mixture of situation and feeling. Suicide, for the participants, was essentially an escape from the trap.



It is recognized that this analysis was limited in its ability to better define the relationships between these four feelings/experiences. To attempt to further elaborate such relationships, in my opinion, would be too interpretive and potentially result in misrepresenting the meanings of the participants.

... "the last way out"

In the context of suicide, the theme that emerged most centrally and pervasively in the narratives was the feeling of being trapped. Being trapped meant being unable to reduce negative feelings and unable to escape intolerable situations. Suicide was the escape from being "stuck", "in a rut", from the "trap". This understanding of feeling trapped as being central to the reasons for suicide was directly addressed by 27 participants. The meaning of feeling trapped in relation to suicide was not, however, limited to the experiences described by these 27 participants. This theme emerged as being linked to and underlying many other categories and themes which will be presented shortly. 'Most central and pervasive' must not be confused with 'ubiquitous, necessary and sufficient'. This feeling was not a central feature of every narrative, and determining the importance of it as a risk factor for suicide in relation to other themes and categories is not within the purvey of this study. Feeling trapped, however, was immediate and important for many participants in their understanding of what would lead them and/or has led them to try to kill themselves.

Feeling trapped took several forms in the discussion of suicide experiences. Participants spoke of it when referring to their reasons for attempting suicide or being suicidal before coming to the street and/or on the street. Feeling trapped was also discussed as a factor in the participants' suicidality at the time of the interviews.

In terms of life on the streets, being trapped and becoming suicidal was described as a process. Young people would escape to or be lured to the streets, and gradually get drawn into a position which is physically and emotionally painful and distressing. So much so that they felt that there was no way out except death. Major elements thought by the participants to produce a trapping effect or to keep them in a rut

were drug addiction, a lack of social/government resources, societal prejudice/oppression, and a social context on the street that is not supportive of getting 'un-trapped'. Thus, trapped appeared to be both a feeling and a situation. Feelings, stemming from and co-existing with feeling trapped as well as being closely related to their understandings of suicide were: loneliness, worthlessness or no longer caring about themselves, and hopelessness. All of this was combined with the belief that they lacked the ability/efficacy to remove themselves from the situation. Each of these elements and feelings will be explored in subsequent sections. Below are sections of transcript in which the participants relate how being stuck and trapped relates to suicide.

[Responding to the question about what should be done to reduce street suicide rates]: "I just think basically...kids should really take a second, a third, a fourth look at their lifestyle, and their families before they make the decision. The rebellious decision to say 'I'm going to go be cool and live on the street'. There are people down here who...this is what they have to be. There are girls whose fathers raped them or kids whose parents beat them. They have nowhere else to go. In that situation, it might not be the best situation, but they get out of that situation. But if you are in a situation in which your family loves you and you are doing good don't leave that because it is the best thing you could possibly ever have. And you will not know exactly what you had until it is gone because once they make their decision to be down here a lot of parents say 'fine then, if you want to be that way fine just do it and lose all support from there'.. If you've got it, keep it, and hold onto it as tight as you can. Because down here it is basically just a downward spiral. Sometimes, like most of the drugs down here [Granville St.] are the hallucinogenics, acid, pot...crack does creep in. Once you are into crack, you are into it and down into Hastings [Area in which heroin use and prostitution are prevalent] and once you are down there it is all over. You are a hopeless case and nobody can help you because you don't have the frame of mind to know you need help. All the kids that are in

school stay away from the drugs. Pot, I can't say anything bad about it, it is not a gateway drug. All the others, stay away from that shit; it is a toboggan slide off a fucking cliff. Hold on tight to whatever you have because there really is not a whole hell of a lot good down here." (I91)

"We smoked crack a couple of times and stuff...and all of a sudden we were in that same stairwell, and the walls were closing in and we were trapped, and that stairwell felt like a trap, man. You smoke up, you fall asleep, you go out on the street to make money, to the dealer to the street to the dealer to the street. With coke it's a trap, after a while....like I said that night we smoked and I jonesed [drug withdrawal] for a bit, but with opiates it's a physical thing, you can't just quit. That is what gets me thinking about suicide. Half the time there was so much shit happening, in the last couple of days. I was just thinking it is just a trap, no matter what I do I always end up back on drugs. Back on the street, dumped again. Just go in circles, it doesn't matter how many steps forward you go, you end up taking more steps backwards." (I38)

"But when I get depressed all these thoughts pop into my head, like right now...I quit school a couple of months ago and I've been walking around looking for something, trying to do something. I get depressed because I want to do something right? It just gets frustrating. Not being able to be doing what you like. Just...thinking about your future, thinking I am stuck right now what is going to happen after? Just thinking about...what's going to be... I think a lot of people become hopeless and think about it [suicide]." (I39)

"So suicide to me...like I told somebody a couple of days ago, it is getting pretty bad and I want to get out of this, and I am stuck here. It's just...it's a hole. With depression all around, the people you are around are stuck too, cause we all got the same ideas...When you are

used to doing nothing, sometimes it is not totally laziness. You are used to doing nothing every day, you are not in a program...you know it is harder to get into something when you are on the streets, than it is to already have a place and a routine type of thing." (I41)

"You fear the world so much and it gets so dark that there is no way of seeing it any other way. All of a sudden any other positive...or otherwise seems to disappear. It has never existed. When a person becomes that way the choices are more and more narrow, and all of a sudden you come up with one way...like 'I am going to die'." (I70)

"Suicide on the streets is...the last way out basically. I've thought of suicide but I haven't actually tried it while I was on the streets but that was my own reasons...the only way out. There is nowhere left to turn. You don't have foster care. You don't have the government to turn to. You can't turn back to your parents. You don't have anyone to turn to. And basically...after a while of living on the streets your dreams begin to fade and you can't see yourself....like when you are younger you can actually visualize yourself doing all this stuff thirty years from now but when you are on the streets for a while you begin to lose that. You can't visualize yourself any further than a day or two away." (I82)

"...I am worthless. Why should I live?"

Nineteen participants described feeling worthless as being closely linked to why they or others would want to kill themselves. The feeling of worthlessness primarily centred around two major elements. First, worthlessness was linked to the perception that people around them looked down on them and thought they were worthless "street trash", and/or the idea that nobody cared about them. Second, was the feeling that their identity as a street youth, drug addict, prostitute was one of no worth. This negative self-perception was compounded by the thought of being stuck (trapped) with that identity with little hope of being something else and being powerless. Categories

regularly crossing over into this one are social stigma, the trapped feeling, loneliness, and hopelessness.

“They think that all we do is smoke pot, but we’re not. We have problems and...they just think that we take the money and buy drugs but we buy food. They think people will judge them, they think that nobody likes them. They get so sick of everything, they get sick of the world. You are like ‘well maybe I am worthless, why should I live?’. (I51)

“Sometimes a person goes out and commits suicide because they don’t feel like they are wanted. That is why a lot of people do suicide, they don’t feel wanted, they don’t feel like people...like people look at them and like ‘you know you are no good, you should go and get a job, make something of yourself’. People came up to me lots of times, ‘you know, you should get off the streets; you are a piece of shit or you are scum’. I heard a lot of people say ‘don’t give money to them, he is only a druggie, he’s scum, he’s not worth it.’” (I14)

[Response to a question about suicide]“They get addicted and then they sell everything they own, and then they become criminals, and then they realize ‘hey, I’m a fucking bum and addicted to drugs’ and it gets them down.” (I54)

“Because when I was working [prostitution] I was always just thinking ‘well fuck I’m not worth it. I’m not worth anything.’ If they are just going to give me like 20s and 40s then what the hell. There’s no reason to live. At that point you are just so far gone it’s just like it doesn’t matter; death could take me any day.” (I7)

[Why suicide?]“They lost respect for themselves...I don’t know...wanting the things that other people have and not having it

because they can't. Things like that. Stuck in their situation...stuck in a rut that they can't get out. Lost respect for themselves because they realize in their mind they are helpless. They feel down about that." (I80)

"A lot of it [suicide attempts] was just that 'I am not worth it. I am not worth living. Nobody wants me around.' They still don't want me around." (I83)

"...just feel totally alone".

Feeling alone was very central to the suicide narratives of 20 participants. The thought "nobody cares about me" was described as very painful. This, as was noted above, was linked with a perception of the self as worthless. The reasoning was that if nobody cares about me, then, I am not worth caring for. This also led into the thought "why care about myself?", and a giving up of the struggle to get off drugs and off the street. The link between this category and being trapped is the apathetic quality that can keep a person stuck on the street or getting further into a rut. It is the sense of giving up because everyone around them has given up on them. Also integral to feelings of loneliness was the feeling that no one was there to help them. This was described as especially true in the context of the street in which friendships can often be superficial, and betrayal common. Finally, it was suggested that 'loners' on the street killed themselves more often than people with a stronger social network. Also, becoming untrapped was described as extremely difficult without a positive support system.

"I've tried to commit suicide numerous times. Just from living on the streets and not having anybody there to help me out or care for me. I've got scars up and down my arms from it...that's why I wear long sleeve shirts now. I don't know...I tried to hang myself from a bridge. Didn't work very well though...rope broke." (I17)

"I've attempted suicide twice when I was younger. I tried popping a lot of pills, and just slept it off. I also tried to inject air into

my vein, instead just had a big old air bubble, missed the vein. I know when I was going through that it was mainly I felt the most alone in my life. I didn't want to deal with anybody else. Just got really depressed. Had a couple of friends that just totally dissed [disrespected] me and it was like ... I don't really know how to put it in exact words. Just feel totally alone, and you just don't care. You just don't care about yourself, others, and just ready to get on with the next step of life." (I2)

"[at the time of suicide attempt] Well, I had no place to go. Like, nobody...my parents didn't know where I was. I had boyfriends coming in and out of my life. Just people...I don't know...I felt totally alone." (I67)

"[Re: suicide] Just a basic loneliness. Always waking up and being alone and walking the streets alone, and then I would spend my money on dope. So I thought 'what the fuck I am living just for dope? What the hell. Why should I live. I want a white Christmas...Christmas, Easter, you know where's the little things? Where's the family? Well I'm not with a family anymore'". (I7)

"I'd say the vast majority of suicides are just drugs and loneliness on the streets. Like if you don't have anyone to turn to or anyone to talk to on the streets it gets really hard sometimes. I guess like helplessness, feelings of helplessness." (I88)

"A lot of the people I have known that committed suicide are people that are loners of their own accord. People who chose not to be a part of a group or a small family like we have. Just because they don't associate with anybody and they don't talk with anybody or hang out with anybody..." (I93)

“...nothing is ever going to get better”.

Hopelessness, explicitly related to suicide by 9 participants, was a category that overlapped most strongly with the perception of being trapped. It was described as being stuck in a situation that is painful and stressful and facing the horrifying and defeating thought that they would be stuck that way forever. It may be questionable whether or not hopelessness should be a category separate from trapped. It was, however, separately described by several participants and even if it is a different word applied to a very similar experience (which is uncertain in this analysis) it is important acknowledge and recognize its use by the participants. Again, as it was shown above, hopelessness overlapped with all of the categories mentioned thus far.

“[Re: suicide] You get feeling stuck, like kind of hopeless. I think a lot of people become hopeless and think about it. Especially young people.” (I39).

“I didn’t see a future for myself. At all. I lived in east LA for sixteen years. I lived in the ghetto in the projects. I didn’t see any future for myself except for jail or being dead. And I would rather be dead than be somebody’s bitch in jail. That’s what pushed me towards suicide.” (I71)

“Suicide on the streets is...the last way out basically. I’ve thought of suicide but I haven’t actually tried it while I was on the streets but that was my own reasons...the only way out. There is nowhere left to turn. You don’t have foster care. You don’t have the government to turn to. You can’t turn back to your parents. You don’t have anyone to turn to. And basically...after a while of living on the streets your dreams begin to fade and you can’t see yourself....like when you are younger you can actually visualize yourself doing all this stuff thirty years from now but when you are on the streets for a while you begin to lose that. You can’t visualize yourself any further than a day or two away. That’s



usually where the drugs come in and the suicide usually comes after the drugs because they have found that they are hopeless and have nowhere left to go. So they turn to drugs. And then when they are on the drugs they realize 'I am still wandering around in a circle but now I am addicted to drugs so I can't get off'. That is usually when it happens." (I82)

### Sub-summary.

Up to this point a tight constellation of feelings central to the suicide experiences of the street youth interviewed have been presented. Moving from the most central theme of being trapped are interwoven feelings of worthlessness, loneliness, and hopelessness. Now, the analysis will begin to progress further out from the centre of this spiral of meanings to categories such as past trauma and other elements that stem from and influence the above more central cluster of meaning. As mentioned earlier, there is a progression from the above themes of experiences perceived as internal (worthlessness etc.) to categories comprised of actions (e.g., drug abuse) taken as a result of the negative central experiences described in the above section. Next to be presented are the descriptions of situations that led to those feelings such as break up with a partner (i.e., more external). I present family background first as it usually appeared early in the narratives as the beginning of their story. I then work towards actions such as giving up, actions/situations such as drug abuse and addiction, and finish with categories more clearly described as external situations such as police harassment. A continual progression from internal to external.

### "I am suicidal because of the background of my life".

Several participants brought up the element of memories of trauma, framed in relation to their suicidality both past and current. These traumatic experiences included childhood abuse, neglect and the deaths, violent and otherwise, of family and friends. Childhood abuse and neglect were discussed in the context of suicide by 7 participants. They spoke of how these experiences led to suicidality at the time that the abuse occurred, and how memories of this abuse made them suicidal currently. In many of

these narratives, they did not speak explicitly of how these experiences impacted them emotionally. During the interviews, however, the telling of these horrific experiences comprised some of the most emotionally charged moments of this entire study. That they would share this with me, a stranger, speaks to their strength in the risk they took in telling me so that their experience can be told and possibly help others.

“I attempted suicide...when my mom got me raped. She tried to prostitute me out. She got me all drugged out, and then I cried on his lap, I was scared, I could not see anything. My mom wanted to use me for money. She did it when I was pretty young. I was abducted for like ten days, not eating, tied up. That’s pretty shitty. Sometimes I feel like crying, but sometimes I can’t. Cause when I feel like crying I don’t understand why my mom would do this. A real mother wouldn’t do this.” (I15)

“I was having a lot of memories from my background and then I was all like mixed emotions and I couldn’t take it. I just went outside on a couch, took a piece of glass and started slicing myself. I just get really really scared when I have flashbacks and stuff.” (I3)

“I’ve tried it [suicide]. Because Children’s Aid put me through so much shit that’s all. So I thought that’s the way to do it, is try to kill myself. I was in a foster home too when I was really young, and my mom was an alcoholic and so was my father. My mom just gave me up, and my father didn’t want to have anything to do with us, so I was put in a foster when I was a baby, and I was sexually abused in the foster home from the ages of 3-5. I was adopted when I was five, my mom died when I was seven. I lived at ----- til I was 14, I guess the adoption just broke down, they couldn’t handle me, that’s what they told me.” (I32)

[Re: recent suicide attempt] : "Pretty much it was just life experience, like being raped twice before the age of seven. Being neglected my whole life, you know, being abandoned, just a lot of things. The first time I tried to commit suicide I was young. I've had a really rough life, lots of physical abuse, verbal abuse, sexual abuse, everything. I was really young, I've tried suicide quite a bit, but each time it didn't work out. Something's made me live, but there's times...like I have been diagnosed with manic depression, like I am either happy or I am depressed. Even when I am happy I am depressed." (I48)

"Home was my dad molesting me and my mom on coke. And my dad leaving and my mom's boyfriends molesting me and my mom on coke. Same trip. I used to get beat a lot when I was a kid. I had a lot of suicidal tendencies, if that's what your looking for. Home was rough. Home was poor. My mom was bringing tricks home and stuff and shit and fucking up big time. I don't know...it was pretty rough so I went to the streets and then I started prostituting. I was eleven and a half when I started selling myself. That was rough. I got raped a couple of times. I got stitches in my pussy, 37 of them to be exact, with a knife. I hung myself when I was thirteen...I hung myself three times in a year. I don't know...the rest was just junk [heroin]. I used to do heroin and cocaine a lot, but I quit cause I overdosed too many times." (I7)

The experience of the death and loss of loved ones was brought up by 9 participants in relation to their understanding of why they had been and were suicidal. These losses were spoken of as having an even greater impact on their lives where family is often non-existent and social support is very limited.

"[describing how became suicidal] Family, friends, were passing away and...so...I started using, got on drugs. I started using drugs because of my mom business, and because I was five pounds overweight

of my average of what I was supposed to have. So I got on crack, speed and cocaine...and here I am now. In the last three years about twenty three friends of mine have passed away. Including my twin sister. Including my brother who committed suicide. And...most of them were suicides cause...I was friends with this guy named ----- and he was, I went out with him for like three years and we were close friends and it was a friendship of a lifetime and we were going to be together for a long time and he passed away, he had AIDS, and...he was born with it. So, after that happened my sister phoned me and she kept saying 'what am I going to do, what am I going to do?', next thing you know the ambulance is talking to me from there saying 'what happened?' And I said 'I don't know, she was just talking about wanting to kill herself.' (I41)

"I had a friend of mine who committed suicide right in front of me. And it totally scared me...I still have dreams over it. I came home one day and he was in the bathtub. He took a razor blade and he jagged all the way across his neck. It was in one of those old fashioned tubs. His head tilted back and his adam's apple had fallen out. And after that it was like six months later, I was just walking around and I tripped and I saw my own blood. And I went 'oh that's nothing'. And after, something clicked in my head. And I really wanted to see more. I wanted to really hurt myself because I saw my friend...I had a vision of my friend, of what he did. And I didn't want to live. And when I was younger I had a twin brother named ----- and he got raped and murdered. And, to this day I am having dreams over him. Every time I wake up I am covered in sweat. I don't want to live. I mean, I just don't want to do anything. I don't want a job. I don't want to live. I don't want to talk to nobody. Even my best friends, my best friends will all come up to me and go 'it's not worth it'. They can see it in my eyes. They can almost feel the energy running off my body. Sometimes I will

disappear for weeks, and I will have friends looking for me because they know I am suicidal. Because of the background of my life.” (166)

“...I didn’t really care anymore”.

This experience was described by many as “giving up”. This group of meanings included not caring about themselves anymore, not wanting to try anymore, and feeling that they can’t handle their problems anymore. These statements were made alongside the above-mentioned experiences of worthlessness, loneliness, hopelessness, and feeling trapped and were wrapped tightly around their understanding of suicide. While ‘trapped’ might be the way someone feels due to negative experiences, ‘giving up’ is something the person does as a result of those negative experiences. Thirty-three of the participants linked giving up with suicide and, importantly, giving up was perceived *as* suicide. This is a very important facet of the street suicide phenomenon. There are several ways of living on the street that are extremely dangerous (e.g., addicted to heroin). As one participant earlier said, “it is a toboggan ride off a cliff”. As much of this material indicates, therefore, giving up is a form of suicide.

Within this category there was a dimension with the meaning, “Can’t handle it” on the personal efficacy end, and “Don’t care anymore” on the end more related to beliefs about the self. Drug use and addiction were prominent in this category (Elaborated upon in subsequent sections).

“I started out around eleven...between 10 and 14 getting involved in solvents and I was depressed and other things like that. Glue and gas and stuff. I didn’t really care anymore...it was just I was depressed about my situation. I started doing stuff like that. I call that kind of suicide. I was doing the gas and that was kind of killing me slowly and like I just got to the point where I didn’t care...I had my reasons for why I was suicidal and why I thought about it. With people on the reserve I know it is family violence and alcohol. You are born

into it so therefore you are stuck with it. There is not much you can do.”  
(I4)

“So suicide to me...like I told somebody a couple of days ago, it is getting pretty bad I want to get out of this, and I am stuck here. It's just...it's a hole. With depression all around, the people you are stuck too, cause we all got the same ideas...there was this person od'ing out on Queen St. There I am giving her air and everything, and she turned blue and then she started breathing again, came back again. And next day she tried to start a fight with me and I said 'holy shit man what the hell do you think you are doing?', I just fucking saved your life last night'. She goes 'I don't want to live, what the fuck are you! What did you do that for, you should have just fucking let me go!' ...But sometimes I just walk across the street and I am like, 'yeah you can hit me, whatever'.”  
(I41)

“The suicidal people out there, they have been out here quite a while, and they have just got to the point where they don't care anymore. Because other people don't care. And they have got this idea in their head that 'if others don't care why the hell should I'. And then they have got their friends that do care but don't know how to tell them that. It's all a catch-22.” (I59)

“We smoked crack a couple of times and stuff...and all of a sudden we were in that same stairwell, and the walls were closing in and we were trapped, and that stairwell felt like a trap, man. You smoke up, you fall asleep, you go out on the street to make money, to the dealer to the street to the dealer to the street. With coke it's a trap, after a while....like I said that night we smoked and I jonesed for a bit, but with opiates it's a physical thing, you can't just quit. Once you get on it...My friend went through three and a half weeks withdrawal, it's just horrible.

You just shake, you feel you...it's hard to describe, it feels like you are getting the shit beat out of you. You can't eat, you can't sleep, you can't sit still. That is the worst part is that you can't get comfortable. It feels like things going up your spine...your ribs hurt, it hurts to breathe. Your willpower just breaks down and you feel you can't deal with it. I just felt like committing suicide again. Sick of life, I felt like there was no way out of that stairwell, and the drugs. No matter what I do I always end up back on drugs, back on the street, dumped again." (I38)

The toboggan: drugs as both escape and trap.

As the reader has likely gathered from previous sections, drug use arose as a important part of the participants' understandings of suicide. Drug use is a major part of street life. Through these interviews drug use emerged as a very complex, multi-faceted and multi-meaning phenomenon. Drug addiction was linked to suicide by 53 participants. Drugs were linked with the worthlessness of having the identity of an addict. Addiction was linked strongly to the construct of being trapped, having no hope, and giving up. Further, in the social milieu of heavy drug use, friendships are described as superficial, and participants described losing friends, family, and partners as they became addicted and in some cases died. Drug use pervaded every category whether related to suicide or not. Drug use is deeply embedded serving as a coping mechanism, causing physical addiction, and affecting the social environment. Drugs occupy a central place in the economics of street life as street youth struggle to raise money to buy drugs and make money selling drugs.

Drug addiction was described as being a dangerous element in a cumulative process leading to greater and greater physical and emotional pain and eventually to suicide. For example, a person feeling worthless and hopeless who has a physical addiction, and whose social environment is pervaded with drug use will have a strong pull to use drugs to cope, ease physical suffering, and conform with friends. After the momentary relief, the person feels more trapped, more hopeless, and more addicted. This is the 'toboggan slide'. For many of these young people the only way to get off

the toboggan is to die. The question of whether it is suicide or not is academic. The end result is the same.

One distinction made was the difference between 'hard' and 'soft' drugs. Soft drugs such as marijuana and alcohol were rarely brought up in the context of suicide, and several participants made the distinction explicit by saying that these types of drugs do not lead a person to want to commit suicide. Rather, many felt that these types of drugs were an essential part of their ability to cope with the hardships of street life. The following are the meanings attributed to drugs in the context of suicide.

"...they are killing themselves".

Fifty-three participants spoke of how drug addiction is central to suicide on the street. This category represents the way that drug addiction leads to feelings such as worthlessness, feeling trapped, which in turn leads to suicide. This is drug addiction as a cause of suicide.

"I think suicide has a lot to do with drugs. If they get addicted to something and start adding up tabs. I have seen so many people that once they get addicted to drugs their whole personality goes to mush. They have no personality and I guess they get to the point where it is like 'this sucks what can I do?'. I think that's their easy way out of it." (I23)

"...suicide was basically mostly the drugs...it was after the down...you just feel so depressed and when you depend on something so bad you think 'why am I living just for this?' It was bad because I met the wrong people, I couldn't afford to buy it so I was always jonesing, and I did more and more and more and then that's what was always on my mind, and nothing else mattered. You don't care about other people...people would tell me 'hey man you are not looking so good' and I would tell them 'I don't care, I feel alright'. I would say 'I'm okay', denied it, and I wouldn't talk about it. That didn't last too long.



That lasted a couple of months. And I decided to do it as soon as possible, just quit as soon as possible before it got worse...that was one of my worst experiences...That's basically my worst experience." (I39)

"Family, friends, were passing away and...so...I started using, got on drugs. I started using drugs because of my mom business, and because I was five pounds overweight of my average of what I was supposed to have. So I got on crack, speed and cocaine...and here I am now. I've just...I am trying to stay off of crack kind of thing and they wake me trying to toke...and the jones thing you get nightmares because of crack cocaine. And I get a lot of those. And it is like coke and booze, I had a boyfriend, engaged then we broke up, and after that, I just couldn't hack it. We went through a lot of shit because my brother....so after that, and with the crack I was like 'I am out of here'. I couldn't even look at myself in the mirror...it was horrible. And trying to hide that, pretend like everything is fine and act like nothing ever happened. So it doesn't work out too well." (I41)

"I hear about people overdosing on purpose because they just finally get disgusted with themselves for what they are doing. So what better way to get rid of myself than how I put myself here. Cause sometimes it is just peaceful. Dying from a heroin overdose...you can just lay there and just fade away. Just pass right out and you are dead. Or you can have a heart attack if you have had too much coke." (I56)

"It has been nine months since I have been on crack and meth [crystal methamphetamine]. I just couldn't live that way anymore. I would wake up and I would have the shakes and be sweaty and the only thing on my mind was 'get more'. Just 'get more get more get more'. And I couldn't afford it. So I had a choice. Kill myself or grow up. With these drugs, it is your whole body. It is all around you. It is your

friends, everything. But you are saying to yourself 'I feel fine'. And your friends see you going down, but they don't want to see anything." (I66)

"I overdosed five times...one was an E [ecstasy] overdose there was a couple of crystal overdoses, and whatever. Just Toronto I basically...I smoke crack in Toronto, but at least it's just crack it's not E, its not crystal, its not K [Ketamine]. It's a lot easier to get off one drug as opposed to 20 drugs. Suicide is like another crack thing. There is this thing called the crash...at the end of every night when you are done smoking crack, and there is no more and there is no more money to be got unless you go out and rob somebody which I don't do. So you lay down and you rethink everything. And you get really depressed, but sometimes I want to end it but I wouldn't do it myself. I don't have the jam to....I think about what the fuck I am doing. Like I am almost 20 years old, I'm smoking crack, I got a grade ten education, I am squeegeeing...I got a lot of shit on my mind all the time, I am trying to make my mom happy, trying to make myself happy. But I don't know what makes me happy at the time because the drugs fucking cloud everything up." (I8)

"suicide is happening because everybody is concerned about drugs. Like all my friends are on crystal meth. They are doing that. So, they don't have time for it, like a lot of them don't have time for you unless you have drugs to smoke with them. They say 'oh yeah, blah blah blah, you are my best friend', and then it is like, 'oh you are out of drugs? See ya.'" (I60)

#### Slowly commit suicide.

Sixteen participants described hard drug use as a way of slowly committing suicide. It was described in a similar fashion to, and often linked with the category

**'giving up' in which the person stops caring about herself and lets the drugs and the lifestyle kill her. Thus, drugs not only pull people down and make their situation worse, but can also serve as the means by which they take their lives. Unlike the above category of drug addiction as a cause of negative feelings and suicide, this category is hard drug use/addiction as an action stemming from feeling trapped etc. and synonymous with suicide.**

**"For junkies, being homeless and with suicide, they are doing suicide every day, it is just a matter of how soon they are going to die, for some of them. Killing yourself slowly, can even take years. You can do coke for years. But with a junkie, but some people will go to the point where their veins collapse. I have seen a woman with so many holes that it looked like a big chunk of skin just fell out, just came out of her arm." (I56)**

**"...people starting to do drugs and then not caring anymore. That is a sort of suicide. Suicide through the needle. People joke about it all the time on the street...it is horrible. When you are on the street there is really no where lower you can go." (I78)**

#### **Other dangers.**

**Other dangers described by participants were people they had known who had killed themselves due to the direct effect of the drug. Twelve people interviewed told of people they had known who had committed suicide while on a drug. They felt this was due to errors in judgement made due to the effects of the substance. Additionally, 9 participants spoke of the general danger of overdoses on the street even in cases where they were sure that the person was not suicidal. These two categories the problem is located more within the physical influence of the substance rather than the subjective experience related to drug use.**

“Well with jib, crystal meth, speed...whatever you want to call it, you think a lot more about bad stuff. And, problems feel ten times worse than they are. So a lot of times with crystal...like with my friend -----, she doesn't fight with her boyfriend and when they did, it wouldn't be a big deal. But when she is doing crystal meth she freaked out and downed a whole bottle of Tylenol...” (I60)

“I have been to too many funerals. I have stopped going to funerals...because I can't...people are stupid. My ex-boyfriend overdosed on heroin. I didn't even know he was doing the shit. Then I had one of my street kids o.d. on fucking heroin. And she wasn't doing the shit. It was her first time. Somebody bought it for her and fucking overdosed her.” (I95)

The distinction between softer drugs such as marijuana and the use of marijuana and alcohol as coping mechanisms was discussed by 26 participants. Here the participants described soft drug use as a positive way of dealing with negative experiences unlike the categories presented above primarily addressing negative aspects of hard drug use. This issue is addressed in the section on coping strategies.

“Get a job you worthless piece of shit!”.

From beliefs about the self and actions such as drug use and their relation to suicide, the discussion now moves to understandings of how the actions of other people leave street youth feeling suicidal. The category I have labelled ‘stigma’ was brought up by 35 participants as being very important to their understanding of suicide. Within this category was described a range of socially oppressive and discriminatory actions taken by “them”. “Them” are the general public, mainstream society and their representatives in government and public service organizations. Participants spoke of how difficult it is to get off the street when landlords and potential employers discriminate against them for the way they look and the stereotypes assigned to street kids. This experience was closely tied to the trapping nature of the street, making the

already imposing task of breaking free from street life harder in the face of such discrimination. After experiencing such problems over and over again, the motivation to keep fighting to get off the street decreased and left them feeling like giving up.

The greater emphasis, however, in this category was on the cruel comments, occasional assaults, and general disdain and disgust they experienced at the hands of the public. Being looked down on and verbally abused on a regular basis left many with feelings of worthlessness, and fed into a general loneliness and sense of separation from the rest of society. They described the painful experience of being stereotyped by a public that does not see them as individuals who are struggling, who have knowledge and talent to offer, and many of whom have pasts so abusive that it is a major achievement that they are alive and are able to function at all. This constant exposure to severe social oppression was described as a defeating process by many of these participants. In the telling of these experiences many participants' attitudes were that of frustration and rage. It is to their credit that few of those with whom I spoke took an absolutist stance with many saying that not all of the public contributed to or were responsible for this discrimination. Even the angriest person made it clear that his or her anger was not directed at me even though I am one of 'them'.

“[describing events that led up to a suicide attempt] Just pressure. People came up to me lots of times, ‘you know, you should get off the streets you are a piece of shit’ or ‘you are scum’. I heard a lot of people say ‘don’t give money to them, he is only a druggie, he’s scum, he’s not worth it’. Which is wrong, because, we used to do drugs but we quit them, trying to make a life. Other people out there don’t understand exactly how hard it is on the street. They’ve never been on the street; they don’t know how cold it is. They don’t know how scared you are a lot. A lot of times you are scared at night you get stabbed.” (I14)

“[speaking of reasons why currently suicidal] So we are not going to fuck around, we are sleeping in front of a store that opens at

eight o'clock, to get welfare you have to be there at eight. We don't have an alarm clock and even if we did we might not get up. So we got up and headed over to welfare and got interviewed and she said how about you come back at 2:30 when you have found a place, so we found a bachelor, and got a POA slip so we would be back with the rent. So we got the rent, cashed the cheque, went back to see the landlord with cash, and he wasn't there the superintendent was and said 'the landlord saw you pan-handling and he said to not accept any money from you, or to let you move in'. He saw me pan-handling so he said a street person wasn't good enough so I said 'why the fuck do you think I want to rent the place asshole I am homeless!'. And he didn't give a flying fuck..." (I38)

"I met this chick that I was squeegeeing with two years ago. We were squeegeeing together. And I don't know how it happened but she got in this fight with this lady and this bitch took her garbage out of her car and threw it in the chick's face and said 'here's a bunch of trash for street trash like you' or something like that. And this girl had just left home, and she was like 16 or 17 or something, maybe a year older than me, she was just dealing with the whole leaving home situation, and this happened, and the car drove away and she came back to the sidewalk and she was like 'fucking bitch blah blah blah', and then she just lost it. She started crying." (I38)

"If people weren't such assholes. If they weren't so judgmental. Like, they see you on the street and they say 'get off your ass and get a fucking job'. And you are sitting there and you are like 'excuse me but you don't know my situation, you don't know what I have fucking been through'. They think that all we do is smoke pot, but we're not. We have problems and...they just think that we take the money and buy drugs but we buy food. Food is a necessity. [Asked about suicide on the

street] They think people will judge them, they think that nobody likes them. They get so sick of everything, they get sick of the world. You are like 'well maybe I am worthless, why should I live?'. (I51)

"With certain people, they go through life living on the street. They get so much disrespect from people going by them and going like 'why don't you get a fucking job' and all that shit right. And they are going 'how am I supposed to get a job without an education? How am I supposed to get a job when people look at me and shoo me away'. There are so many reasons that people are on the streets. And there are so many people that just won't give us a break. Some kids take it directly to heart. They start getting so depressed because of all the bullshit they hear from people walking by them. Telling them to go get a job or telling them 'get the fuck out of here, you don't belong here'. They get so depressed that they think their life isn't worth it. And they start doing suicidal shit. The suicidal people out there, they have been out here quite a while, and they have just got to the point where they don't care anymore. Because other people don't care. And they have got this idea in their head that if others don't care why the hell should I." (I59)

"People have told me 'you piece of shit you have got no right to be living' constantly. Nobody thinks we are in need of help anymore. Like, I left when I was young. But I had no choice. And I am being told constantly that I am worthless. But I have a solution. A lot of these people can do good work. A lot of them can. But a lot of them don't know how. At least give them a chance. Hell, I have been shot I have been stabbed. I have been run over by vehicles. I have been knocked out by baseball bats. But the worst thing I have had so far is people telling me that I am worthless. That's the worst fucking thing. That's hard on you. I see so many churches in this city. But the people are not following them. The people on the streets, people lower than me,

people higher than me, we should take care of them while they are here. Try talking to us more. Stop them on the streets and ask them what kinds of lives they have. And instead of say 'oh bullshit', actually listen. People say 'yeah I've been there dude but I have gotten up and off the street'. But a lot of us have gotten up and off the street, but they need to realize what puts us back. I couldn't find a place to live. I couldn't find an apartment. There was three of us looking for a place to live, and nobody would do it. They just look at us. It is like 'I am a street punk. I have no right to live in a house [very angry], I have no right to live in an apartment. I am supposed to live in alleyways. In sewers.'. All these people would be happier if I was in a pine box six feet under." (I83)

"...the cops are racist".

A major part of the meanings communicated regarding stigma and discrimination arose in the participants' descriptions of their experiences with the police. These negative experiences were brought up by 24 participants as making life on the street very stressful, making them feel further looked down upon and oppressed by larger society. Four participants linked negative experiences with suicide. They spoke of beatings, constant harassment in the form of routinely being asked to move or present identification, and getting fined or arrested for panning and squeegeeing. Several spoke of being awakened in parks at five-thirty in the morning by being kicked in the head. Some of the Toronto participants told of how the police burnt down a group of cardboard and wood houses under a bridge with all of their belongings in them. Hatred for the police was not universal, however, with several making a distinction between police who were fair and respectful and "pigs".

"Cops for instance...there are some good and bad. There's pigs and then there are cops. Pigs are the ones that will just beat the living shit out of you but there are cops who will stop and ask how have things been going." (I3)



“[in context of suicide] And basically cops make life really hell, harrassing you, asking who you are asking what you are doing, you know, other times they are just totally harassing you, insulting you. Like a guy threatened to cut my drum open one time and...and I've been beaten up by a cop one time because I did not want to tell him what my name was cause he did not want to tell me why he wanted to know. I got arrested for that, and they fabricated, said I was disturbing the peace and shit like this.” (I40)

“I have had a couple of friends that committed suicide a year and a half ago. And it has kind of been hard. Like, fellow street workers [involved in prostitution] like me they've done it because no one would help them. Police make it worse for them. They'd get picked up by the police, and the police would just leave them in a horrible area. They'd just do horrible things and would just treat them like they were out there doing that because they want to do it. It's not so much that you want to do it. You want the money. You don't want to be treated that way. Like, you think of yourself as a normal human being. And a lot of my friends have done that. It is kind of hard to think about it. People are really judgemental and prejudiced against what you are doing.” (I62)

“...but the things that make it brutal is a lot of the time the police. The police can make it brutal just because they can. They can kick you in the head when you are sleeping. What are you going to do? Fucking rat them out and charge them? You are a dirty little street kid so....I think mainly with the streets, make people aware that we are not just fucking dirty street rats that we do get a lot of flack from the police. It's every day. Okay we live on the streets; think we are trash if you want to but leave us alone. Don't kick us in the head to wake us up in the morning. Just say move and we will move.” (I87)

**Minor categories.**

In this section a number of categories are discussed which were brought up by only a few participants, or were not very central to the suicide construct for the group. Lack of money was brought up as being stressful by 20 participants, though was peripheral to much of the discussion of suicide. Six participants stated the contrary, that money was not very necessary and the small amounts required to survive were obtained easily.

“When they have no money, no housing. They are just living from moment to moment. That can bring a person’s spirits crashing. Like sometimes I want to go do something, like go hang with a friend at a coffee shop. Yet I don’t even have a buck-fifty...so it is like ‘I will just catch you guys later’, and make a lot of excuses why not to hang out with people.” (I2)

Thirteen participants spoke of the pressure and stress of living on the street, not necessarily separate from categories presented above but spoken of more generally. This category arose primarily in two ways. First, “stress” was used as a term to describe feelings that lead up to suicide. Second, the life on the street was described as stressful in its constant struggle to make money, stress related to interpersonal relationships on the street, and the violence encountered on the street.

“It will happen thousands of times, but they will wake up in the same spot, they are tired, they are hungry...the cops are kicking them in the ribs telling them to get up, or security guards are beating them in the head...and just that constant stress...and then it is amplified if you are addicted to something. If you don’t have support? It just doesn’t happen, and nobody understands them. So they give up.” (I78)

“It’s just like...on the streets you see a lot. Your feelings get hurt and you get pushed around a lot. Most people...when I used to slash the

reason was that the pain was caused by me rather than someone else.”  
(I60)

“It’s fucking sick. This is a touchy subject [starts to cry, offer made to back out of this area]...no it’s cool. My girlfriend...she was walking down the street. She was a hooker, so she is working this guy and this guy comes out and says ‘get off our corner; we don’t want no sluts here’. She refused to move, so he came out and beat her. Beat her almost to death with a shovel. Just because of that, and I was like ‘oh my God...this guy was sleeping by the old city hall and he got an axe to the back of his head and they cut off his finger. It’s like...you don’t need to do anything anymore to have a bullet in your brain. It’s crazy shit.” (I7)

As the reader has likely noted in quotes used in various categories above, prostitution was related to suicide by several participants. Ten participants mentioned it, with 8 saying that they had been or were currently involved in prostitution. Running through these narratives are extremely painful experiences of assault and low self-worth.

“I used to be a male prostitute. I really wanted to commit suicide. It was bad, it was only like my second or third time, and I said no, and he [trick] locked both doors, both exits, he said yes. How can I say this...he was very large. That was the worst night of my life, after the heroin overdose of my girlfriend. I was afraid at the same time, because he was bigger than me too, so I had to stay. But he gave me seven bucks [sarcasm].” (I10)

“It went on like that and I couldn’t stop doing it so I felt like committing suicide...it is really hard for me. Like still I look back on it and I just...it makes me sick when I think about it like what I did. Or

just the people that I associated with. I have nightmares sometimes. So it is hard, cause you don't think about it. It is amazing what your body does to block things like that out when you are doing them. Like you are not there actually. You are somewhere else when you are doing it. And afterwards you just get to think about what you have done. You just think about it and it makes you sick." (I62)

Two other categories that were mentioned by only a couple of participants but were central to their understandings of suicide shall be discussed here. Three participants spoke about how difficult it is to get by in the winter or any time when the weather is bad. This was described as a bad experience on top of many other bad experiences and could be the breaking point for some youth.

"In the winter it gets pretty bad. Like sometimes I roll my sleeping bag and I am freezing all night long. Sometimes it gets so bad you don't even want to go farther, you know. I just want to be warm." (I37)

Finally, 8 participants described their past suicidality as being due to negative experiences at school. They also spoke of how this served as the reason they came to the street. The problems faced were both academic difficulties and problems with peers.

"I actually tried killing myself a couple of times when I was a kid but...I grew out of it. It was bullshit. I was having a hard time, a really fucking hard time at school." (I54)

"...the bathtub was just covered in blood".

In this section the understandings of the participants about the suicides of others and the general phenomenon of suicide on the streets are presented, in other words, their views of what is going on "out there". This is the final part of the progression from

'essential' self-perceptions such as trapped and hopelessness, to actions arising out of those central themes and situations that led to those themes, and now to ideas about what other people experience. A question that was asked of all participants was: "Do you hear about suicides out here?" Sixty participants said that they heard about suicides on the street. Analysis of the discussion that arose out of this question made me realize that this issue is a complicated one and dealt with inadequately in the interviews. While not addressed in much depth, their responses illuminated the many facets that underlie how the meanings of suicide are communicated on the street. The first point that arose is one that was looked at earlier. What is a suicide? Some participants said that they heard about people dying, but were not sure if they killed themselves or not. A related point is that people disappear on the street with nobody knowing if they are dead, have been arrested, or have just left town. Thus, hearing about "suicide" is an ambiguous question in the context of street life.

"Yeah it happens. A lot of the stories are...when it is a suicide nobody really knows. You hear a lot of that. You hear people just getting frustrated, with like personal relationships and a lot of stuff going on, and then they disappear, just gone so..." (I71)

"This one girl, we are not really sure if she did it on purpose or not but she overdosed on heroin, and you know she knew what she was doing she was a smart girl, but she was all alone in one of those bathrooms that you lock and bring the key in with you and she died, but I kind of figured it was suicide because she was freaked cause she was supposed to go home and see her children; she was supposed to get off heroin." (I9)

The other question that was raised was the difference between hearing about suicide and talking about suicide. Since I was not clear on this issue, it is impossible to look at how it fits with the participants' experiences in these interviews. Generally, the message in the data appears to be that a lot (60/80) of street youth hear about other

street youth killing themselves or dying in a way that might have been suicide. Questions related to how suicide is talked about on the street cannot be answered with these interviews.

“It is not something you talk about. I have known a couple of people...like street youth who just offed themselves since I have been on the streets. I think about it once in a while.” (I94)

“I don’t really hear about it. I am sure people think about it and stuff, but it is not a big topic of conversation, it’s serious. If you do talk, it is not with a bunch of people; you are going to talk about it with a couple of close friends.” (I40)

Thirty-five participants spoke of their experiences and ideas about the suicidality of people they have known. It was in the context of this discussion that many of the participants who did not have personal experience with suicide communicated their ideas about it. In 10 of these narratives participants spoke of drug-related suicides, and 6 told of people they had known who committed suicide while they were living at home (i.e., non-street context). Twenty-three participants spoke about their reactions to losing someone they were close to through suicide. This was an obviously painful area in the interviews, leaving those affected feeling loss, anger, and wondering why the person killed themselves. Four of these were described as being extremely traumatic, leading them to make suicide attempts (see above section on past traumatic experiences).

“It’s just...stupid shit goes along with it. The people who commit suicide are so dense...they are fucking selfish. They are extremely selfish because they completely forget about all the people that do care about them. That they are leaving behind. Nobody thinks about these things when they are doing it. They are just...’oh he just sucks I can’t fucking live like this anymore’. They can’t live like this? How about

the people they leave behind? Fucking kids that they leave behind. Parents that they leave behind. All those people have to cope after they are gone going 'was this my fault?'. How many people have to deal with the fucking guilt of their suicide? Because they are too stupid to look around them and say like 'hey, I'm not worthless. Somebody actually does care about me'. Half the suicides are stupid kids going 'oh I will kill myself but I won't die. I didn't die last time.'. Then they just lose their lives." (I95)

Other meanings that arose in this category revolved around the question of whether the person meant to kill themselves or not, and the ambiguity surrounding a 'suicide attempt'. Six spoke about how attempts were often done for attention or were "a cry for help". They appeared annoyed with such behaviour, talking about how they were tired of hearing about it. Eight participants spoke about how people who complete suicide do not talk about it, and it comes as a shock when they hear that the person has killed her/himself.

"They [friends who had killed themselves] were friendly and they were nice and we drank with them all the time and then one day they were dead. That was a complete shock. The ones that actually do it are the ones that don't talk. And the people that are saying that they are going to do it, I wouldn't bother paying attention to them. They are just looking for attention." (I37)

"But then...it happens all the time. Like my friend ----- from -----, she got real upset and before she did it she was like 'everybody just leave me alone, I want to buzz alone', then later on that day they found her dead in the park with blood all over her." (I7)

Young runaways were identified by 12 participants as a subgroup that are at a particularly high risk for suicide and other dangers on the street. A few elements came

together in this category. Participants spoke of how young runaways new to the street often do not know the 'rules' of the street and how to survive there. They are alone, and are at risk of being assaulted and/or being targeted by drug dealers and pimps and pulled quickly into a lifestyle that they have a very difficult time getting out of. This was especially emphasized for young people from wealthy or 'good' homes who were rebelling and drawn to the streets by various glamorous ideas they have about street life. Two points were emphasized in this context. First, youths from functional and good homes were not tough enough to survive on the streets. Second, no one should be on the streets unless they have no other options.

"...although this is just a tape recorder you can see all of the scars on my hands, and wrists, and arms and...I've got them all over. Not to mention a lot of internal damage from overdosing...well...purposely trying to overdose on medication. Basically I was fourteen when everything started going wrong. I turned to knives. Razors. Everything. Especially on the street life became really horrible. Because when you are fourteen and you are with people who are...well...my age now, seventeen. And you don't know hide or tail what's going on. And I didn't know how anything worked. And I put myself in a really risky situation and I just didn't know how to deal...in a sense I was being used and I didn't know why. I was being used as a drug runner. I was literally being pimped off...they were using me for whatever they desired." (I58)

"Some people come down here and they are not ready to handle this life. They come from a cushy home. Most of the kids who have done it [suicide], shouldn't have come here to begin with. They had a good home, and their family worked hard...I know one girl I knew came down here. She was sixteen. Her family lived in a rich neighbourhood. So she was well off. She did the rebellion thing, came down here, got involved with boys and drugs and drugs that are too much and she



couldn't hack it anymore. You got to...you got to have a personality to be here. Some people do not have that ability to cope." (I93)

Two negative attitudes towards suicide emerged in interviews with both street youth who described a history of suicidality and those who didn't. Eleven participants spoke of how they felt that suicide was a stupid action to take, and 14 described suicide as being the easy way out and/or as being weak and cowardly. These comments often came after descriptions of past suicidality and were framed as their current attitude towards suicide. In other words, suicide was spoken of as being no longer an issue with them.

"I think suicide is really stupid. I think suicide for me is the way to escape life, escape problems...I've been doing that all my life you know. Run away from problems. And that's no good." (I35)

"...for me it's a lot of rage because for me suicide is an easy way out...but it takes a coward to give up. It's like a contradiction because I have suicidal tendencies but I believe that it's a coward's way out because I think the easiest way to go is to jump off a bridge." (I7)

#### Adding a dimension.

Thus far, the exploration of the meanings surrounding suicide for the street youth interviewed is rather two-dimensional. There has been a progression from constructs very central to beliefs about the self and suicide to beliefs and understandings about their external world and the suicide of others. I have attempted to convey the feelings, beliefs, thoughts, and situations that surround these participants' collective understandings of why suicide has and is occurring among street youth. I hope to have conveyed the sense of being trapped on the street, feeling alone, worthless, and hopeless. Addicted to drugs, oppressed by society, they feel that there is no way to get out, and either actively try to end their lives or stop caring about themselves and get sucked into deathtraps like East Hastings where they end up dead of an overdose. This

situation is a toboggan ride that gets harder and harder to get off and takes everything away from the person including her/his life.

There is another side, however. There are stories of strength and happiness in which the people have been able to survive, fight their way out of the downward spiral, or resist getting on it altogether. These meanings might be called 'anti-suicide', and are at the other end of a dimension counteracting and pulling against the painful experiences that are associated with suicide. These positive elements were both brought up by participants and actively sought by me in a search for material that might help in the development of intervention and prevention efforts with this group.

First, understandings of the social sphere are explored looking at experiences with friends, partners, and family. These are presented at this mid-point as they have both positive and negative elements. The rest of the categories of coping are presented in a similar way to the suicide material. In other words, there is a progression from beliefs about the self, to their descriptions of coping actions made to aid in developing positive self-understandings, through to understandings regarding outside factors regarded as (or designed to be) helpful (e.g., laws, agencies etc.) After these categories are presented, the material as a whole will be summarized, and a theoretical model is proposed that appears to fit the meanings accessed in this study and may prove a fruitful avenue of exploration in future verificational studies.

"...it lets you know that there are people who care".

Twenty participants described the support they get from their friends, often referring to them as their street family. Friends were highlighted as being very important to find and have when a person first comes to the streets. These friends were invaluable in teaching them the rules and in supporting them until they learn how to cope with street life. They were described as people that can be sought out when a person is feeling bad, and also people who take notice of what is happening with the person. Support was described as emotional, and in terms of money and safety. Having friends counteracts feelings of loneliness and worthlessness. Also, friends tried to

protect the person from spiralling downward and feeling trapped. Stories were told of friends noticing when the person is getting hooked on hard drugs and taking some action to stop them or seeing the person feeling down and making an effort to cheer him or her up. In other words through support youth were helped to feel a sense of agency which helped them to not sink into a rut.

“If I am having a really shitty day I’ll go somewhere where I know people are going to cheer me up. My friend -----, if he sees me with a growl on my face or a tear in my eye he will do anything he can to make me laugh. He will publicly humiliate himself to make me laugh, and he has done that before. And I can’t help but smile. But when I am in one of those moods I don’t want anyone to touch me, not even my fiancée. But then I will have people who will sneak up on me and hug me until I laugh. And it just lets you know that there are people out there who care.” (I58)

“I only know one person that was suicidal...he tried to slit his throat and stuff. It was scary...we all started trying to help him because he used to shoot up too. So we all started helping him and got him away from all that. So pretty much it is our own little group and we help each other. It is our own little family.” (I79)

“So, not a lot of Natives come out here because they are already stuck in a lifestyle they can’t get out of. I started down here so I didn’t end up down there. I have done all the hard stuff, but fortunately I did it up here where I had a lot of friends and family that helped pull me out. Unlike the war zone down there where you get pushed on it. Unlike here where my friends will say ‘look, that’s enough’.” (I93)

Nine participants described friends on the street negatively. What arose here were descriptions of friendships as being superficial, an environment in which people

use one another for drugs and money and people that call themselves friends can't be trusted. In these narratives friendships were not only described as superficial and unreliable, but as vicious and manipulative. Friends backstab, and push drugs and prostitution on the person. These experiences were laden with increased loneliness and worthlessness, and trapped feelings in the sense that they were lured deeper into a destructive life on the street. Most, however, said friends were important but must be chosen carefully.

"it is like... 'oh yeah, we are like family' and then ten seconds later they are like totally back stabbing you and sleeping with your boyfriend and stuff. It's like... cause I have been all across Canada, and it is bad having all these people saying they are your friends and back stabbing you and stuff. And, it is cause everybody is concerned about drugs. Like, all my friends... or most of my friends are on crystal meth. They are doing that. So, like they don't have time for it, like a lot of them don't have time for you unless you have drugs to smoke with them. They say 'oh yeah, blah blah blah, you are my best friend'. And then it is like 'oh you are out of drugs? see ya'." (I60)

"I don't trust anybody except for him"

The understandings surrounding partners was also described as both positive and negative. Seven participants spoke of the positive influence having a partner has been in their life. Having a partner was described as being an important part of their support network, and combated loneliness. Having a partner was positive in terms of having a responsibility for and commitment to the other person. In other words, they would not kill themselves because of how much it would hurt their partners. Caring for the other person is a valuable and important role.

"My boyfriend doesn't like this, he doesn't like looking at my arm. I can't put my arm near his face or he will like cry. I did this about two weeks ago at a church. It was an overnight. And I was just having a

lot of memories from my background and then I was all like mixed emotions and I just couldn't take it. I just went outside on a couch took a piece of glass and just started slicing myself. I couldn't do it outside so I went into the washroom and did it (gestures). I told my man and he cried. He took it hard because he had someone kill herself in front of him one time. So he didn't like it. It was just like...I get times when I want to do it and they told me when I ever get these urges to go tell him about it and he'll talk to me and he'll take everything from me that's sharp." (I3)

"What has been so important is -----, and how much we care about each other. I can't explain how close we are. It is crazy but at least twenty times a day we say the same thing at the same time, and I have come so close to killing myself but I think I couldn't hurt him like that. So...we keep each other going...through thick or thin. I have never ever had anybody like him. I don't trust anybody except for him. It is so nice to have somebody like that. We are just there for each other." (I38)

The negative side of intimate relationships came from the impact of breakups, and were spoken of by 9 participants as the reason they became suicidal. Also, 2 participants spoke about how it is more difficult to get off drugs when their partners are still using. The loss of a partner was described as especially painful when the person's support network is already very limited.

"I tried to kill myself by overdosing on heroin. I had just had enough, and I ended up in the hospital. I had just broken up with my girlfriend. That might not seem like much but relationships are long term on the street. You are with that person twenty-four-seven. They are the main thing in your life." (I25)

**“He hated his parents but his sister he’d die for”.**

Ten participants brought up the role of family in preventing suicide. While most participants spoke of problematic family relationships ranging from frequent arguments to severe abuse, some still maintained contact with a few family members. What arose in these 10 narratives was that they felt that while they may give up on themselves and want to die, they wouldn’t because it would hurt members of their family. This was described as something that would get them through the worst times. The implicit message, and in a few cases explicit, was that they were not totally alone; there were people who cared for them and they were worth something.

“It’s when you are alone it happens. If you are alone you are going to end up doing it, because you have no one to stop you and say look what you are doing, your problems may end but how many other people will be hurt if you do this. That’s the only way I have ever pulled myself through. I think of my family, my brother and sister, well not necessarily my family just my brother and sister. Those are the only two, besides him [partner], those are the only two I live for.” (I48)

“[when suicidal] I think about my family. I think I don’t want to be selfish. I don’t want to leave this world leaving my family like that. I put myself in their position and think if I had a kid and she killed herself I’d...you know...and that is the way I think.” (I39)

Throughout the discussion of friends, partners, and family, the central issue appeared to be a sense of connection and support. Inherent to this connection are messages of worth, being worth caring for. It works against isolation, and this support may not only help to pull the person away from suicide but also from spiralling down into a situation from which escape would be very difficult. It can be protective as well, catching the person when they are beginning to look depressed or are starting to take hard drugs. It is at this point of connection, however, that damage can be done as well.

Having been hurt or abandoned after having trusted a person (or people) can be an extremely negative experience for a person already vulnerable to being hurt.

### Messages of strength.

Explored in the interviews were views and beliefs about the world which helped the participant survive the various hardships they had faced in their lives. There emerged a number of interrelated understandings about which the participants spoke such as what they used to resist suicide and prevent themselves from being depressed. Central to this category is the message of strength and security in beliefs about the self. There were several ways in which this message was manifested. Fourteen participants spoke of the importance of valuing the self and being secure with themselves and less reactive to the beliefs and opinions of others. A sense of worth is embedded within this understanding, and it was described as helping the person to not be hurt by the comments and actions of others.

“I’ve been on the streets for almost 5 years now, you get to the point where you build up a certain barrier or wall where it is like...I am who I am I’m totally fine with who I am. You have the assholes on the street in their cars being rude, and it’s like whatever, they are assholes. I can be an asshole too sometimes, shit happens.” (I5)

“I find that there are lots of factions that dislike me, but those are the sort of people that I wouldn’t like anyways. So if somebody doesn’t like me because I am queer or because of what I do then...fuck them. I don’t care.” (I57)

“[describing how came through suicidal period] I just wanted to love myself more. I saw other people doing drugs and their reactions to it and I went ‘God, that’s what I look like?’.” (I66)

Along with the need to value and be secure in oneself is the need for a person to have an impression of agency, or the ability to act within the world. This was framed as a very important message in a context where feeling trapped was central to distress and suicidality. Here were understandings of self-sufficiency, belief in personal ability, and the ability to see and create options and choose whatever options were best. Twenty-seven participants communicated these messages.

“Realize that suicide is the weakest way out, the easiest way out. The best thing to do is to build yourself up. You got to start with a cornerstone and build the entire building and make it to the top. Realize that there is more to life to learn that just what has put you in the depression, you have to work your way out of it.” (I2)

“Just realizing that I’m...you control your emotions. Like if I am not happy it is something I am doing to myself and if I want to be happy it is something I must make happen with my desires and stuff. If it is something unnecessary that I want, and so that I must be content with what I get.” (I57)

“[what to tell a suicidal street youth] Just tell them to get through the glass wall. Cause that glass wall is in your mind. Just close your mouth, listen, and try and understand what is going on around you. Don’t stare at something too hard because it is going to stare back at you and hurt you a lot more. Just look at it as long as you have to and walk on. Suicide comes from seeing too many accidents, seeing too much.” (I66)

The other major cluster of meanings had a temporal tone to them. They spoke of the need to not look at everything as being negative, and that although things may seem bad now they will get better in the future (13 participants). Essentially, here they were emphasizing the need to look more broadly at what is happening that just a single



bad point in time. Also, 4 participants spoke of how this understanding was strengthened by progress they had seen up to that point. This progress was taken as evidence that it was possible to get out of the rut they had been in. Clearly resonating in this category was a sense of hope about the future, and the potential for change.

"I was in a few places like -----, and I'm pretty comfortable with it cause the way I see it I am on the up, so I am getting better. There was one point where I couldn't talk about the solvents and stuff, or anything in my past but I did some time and I pulled myself together; I still get nervous but I can deal with it a lot better. I realized when I was doing time [prison] that I could be sitting here the rest of my life. I thought that I could be sitting here the rest of my life and I thought I could get out and feel better about that. I can probably start working towards getting better. I basically tried to quit getting in trouble." (I4)

"I've thought about it [suicide]. I think everyone thinks about it sometimes, but it is not really an option. I would never do it. People who do do it, I just don't understand...like...yeah things get really really really bad sometimes, but it can only get better when it gets really bad right?" (I55)

"...now it's a little different. I am still a little fucked up. I am still [living] under a bridge and that...but the thoughts are changing cause now at least there's like I have one foot out of the gutter...just give myself another push and it will be alright." (I7)

"Now I don't really think about it [suicide, was a multiple attempter]. I figure I am only twenty-two years old and there are a lot of opportunities out there. It's just finding the right one. It [suicide] is the furthest thing from my mind right now." (I2)

Fifteen participants communicated the above messages of strength in the context of what they had learned by coming to the street. Though having had many struggles and bad experiences on the streets, they spoke of how these events had left them strong, helping them to know who they are, and enable them to discern and appreciate what is important in life. They learned how to be not only self-reliant and independent but also able to deal with whatever difficult situations life might throw at them.

“I’ve known people that have lived on the streets since they were 11 years old, and they are hard man, solid. You come out here and you learn about yourself. You can understand what is going on around you without being tense, feeling rejected; I am who I am, nothing can change that and I am going to do what I do. That is I think the most positive way to live, as long as you are happy with yourself who cares what the rest of the world thinks. That’s what I have learned in the last five years.” (I28)

“Why give up your life and let the world win?”.

Anger and non-conformity as strengths are areas not well developed in this study, but were introduced by 13 participants. I mention this tentatively, because only a few made the link in an explicit way. This view is gained partially from a general sense I had in the interviews. These participants often spoke of very painful experiences and suicide, but the content and tone became much less hopeless and dejected when their experience were framed as a struggle against mainstream society. This theme was supported by interviews with a close-knit group of punk street kids in Vancouver. Overall, they described their street experiences less negatively than others, and had a stronger sense of agency and choice in their lives. This may be of importance since the punk subculture is founded upon anarchist and non-conformist principles.

“...they usually think about a big 56 inch t.v., or their new laptop. They never think of who they are around. I just feel like putting a dent in some cars. Seen a fucking Lamborgini pass by just wanted to stick

my foot right through the door. Guy with a big smug smile on his face. Oh man. And most of those cars have owners called old people, and they're all smiling and saying their rich after about thirty years of trying to get the car. And they get a few miles down the road and find out the car isn't as much fun and they have just spent their whole pension on the car [laughs]" (I27)

"...she lies and said she doesn't have any rooms. I can't get a fucking room around here because everybody knows that we panhandled for the last couple of years. They all seem to be a bunch of pieces of shit; landlords are a bunch of fucking stuck up fuckers that think we are a bunch of street scum." (I38)

"Yeah, it's not worth it. Why give up your life and let the world win. Why let people win. Get up and show them and say like 'yeah I'm worth it, I'm worth a couple of bucks'. Like if I was your child, would you give me money?" (I51)

"If I didn't believe in God, I know I would be dead right now".

Fourteen participants spoke of some form of spirituality as the way they have survived and are able to cope with their situations. This took the form of both organized religions and just a sense that there is something "out there" or some kind of larger order to things. They said that when they were feeling very down or suicidal that their suffering was not meaningless, and that there was a "reason" why they had survived previous suicide attempts and other life-threatening situations up to that point.

"[how made it through hard times] I don't know... I believe in God. I have the book...of Proverbs. It is always in my bag. God protects me and my dog and my friends." (I91)

“[how survived suicide attempts] I think...I call her my guardian angel. I have seen my guardian angel before and know that she is there, and basically after I saw her and stuff it was just whenever I get depressed I just have this calm feeling come over me and just think it is like ‘it is okay, it is okay, life is not that bad’. Just kind of smartened up, and grew up.” (I88)

“The first time I tried to commit suicide I was young. I’ve had a really rough life, lots of physical abuse, verbal abuse, sexual abuse, everything. I was really young, I’ve tried suicide quite a bit, but each time it didn’t work out. Something has made me live.” (I48)

### Coping.

See Table 4 for a description of coping activities. A question that was asked of all participants was what they did when they had a bad day and how they coped. For the most part, responses to this question were not explored in any depth and were simply described by the participants. The coping strategies most frequently mentioned were hanging out with friends (27), and doing softer drugs such as marijuana (27) and alcohol (10). The impact of friends was discussed earlier. Doing soft drugs was spoken of as a way to relax, and escape from the stresses of street life. Smoking marijuana and drinking were almost always described as social activities, and as such overlaps with seeking support from friends. Other coping strategies often mentioned were going off by themselves to think (17), hobbies such as drawing or writing (10), making themselves laugh or think about better things (7) and sleeping (6).

Table 4

Means of Coping

Strategy	n	Strategy	n
hang with friends	27	talk it out	4
smoke pot	27	music	4
go off by self	17	skate	4
drink	10	sex	3
hobby	10	yell	3
make self laugh	7	cry	3
sleep	6	ignore it	2
do heavy drugs	5	bible	1
time with pet	5	cut	1
pool or video game	5		

"[to cope] Probably smoke drugs. Hang out with friends, and that's it. It's like you are just spaced out with your friends. And you don't hear anybody else screaming like bums or anything like that, it's just them and you. It's like going out to camp. You don't want anyone to bug you. Stereotype you, racial...nothing. People think it's like we think it's cool, we know it's not. It's just the life we live right now that does it to us. And if regular people like...my mother slept outside for two nights she would be doing dope left right and centre. She couldn't handle it; she doesn't understand it. We fight to survive. People don't realize the small things in life, is what I think." (I27)

"I got back in the pool a couple of days ago. I am a pretty good swimmer. I was a two time nationalist, and travelled a lot with that. So...I got back into that. That's what I need to do. The last two years I haven't done any sort of exercise. I used to run cross country. Maybe

things like that would help. That pretty much is fun. SKETCH is a good thing. It is a program where you do crafts, painting, metals and things like that. Expressing your creativity in that way. Keeping your mind occupied.” (I41)

“Go to Stanley park. I definitely cry, and immerse myself in the feeling of horribleness because it kind of goes away. And, write poems, paint, or just go to sleep.” (I64)

“I mostly just go down to the sea. Look at the water. Try to get away from things where I know if I am in the city I will go and buy drugs because I don’t want to cope with it. Now I am trying to get away from the drugs and drinking, and trying to get stable in my mind. And saying ‘I don’t need this. It’s a fun thing to do once in a while but I don’t need it’.” (I66)

#### Agencies etc.

Several participants brought up their opinions about agencies and services and their impact on their lives in terms of suicide or general usefulness. Seven participants spoke of negative experiences with the Children’s Aid Society, and linking these experiences with the reasons they came to the street and past suicidality. They spoke of being moved numerous times to group and foster homes, being abused and trapped in environments in which people did not care about them but were just doing their job.

“I’ve tried suicide. Because Children’s Aid put me through so much shit that’s all. So I thought that’s the way to do it, is try to kill myself. I was in a foster home too when I was really young, and my mom was an alcoholic and so was my father. My mom just gave me up, and my father didn’t want to have anything to do with us, so I was put in a foster when I was a baby, and I was sexually abused in the foster home from the ages of 3-5. I was adopted when I was five, my mom died

when I was seven. I lived at ----- til I was 14; I guess the adoption just broke down, they couldn't handle me, that's what they told me." (I32)

"I started out your average twinkie. I didn't want to do the house chores. I didn't want to be grounded. So I decided to go off and live on the streets on my own. I decided that the streets weren't exactly what I wanted but I didn't want to go home. So I asked my parents to put me in foster care. I was in foster care for a little while and I found out that foster care was a lot worse than living at home because...the foster homes I was in, they weren't abusive in any way but at the same time I knew they didn't love me, I knew they didn't care about me at all. The only reason they had me in their house was that they were being paid to have me there. And so eventually I ended up just leaving town and living on the streets..." (I82)

Other negative experiences with agencies and services were problems getting on welfare and bad experiences with mental health professionals. The difficulties with welfare were described by 5 participants as being a number of beaurocratic catch-22s along with delays that made it more difficult to get off the street. Five participants spoke of how mental health professionals were, in their experience, either uncaring pill-pushers or ineffectual due to the harsh realities of street life the person must face from day to day. Five participants, however, stated that they felt that the services available were adequate and 3 participants said they never used or relied on agencies and services.

"Well, once you are down here, the most important thing...is like the government. Welfare and all that. They stick all these expectations on us and they say if you want to be on welfare...they put all these conditions, you got to be on these programmes. And these programmes they give us are bullshit training for non-existent jobs. The jobs they are training us for require the education we don't have to get them. Just

being in school is not enough for them. So I can't get in anywhere. Most of the training is basically this is how you write a resume, and here is a phone book. Most of us don't have stable living. Welfare won't pay for a phone. It is not considered a necessary commodity for job finding or living." (I93)

"I see a counsellor. It is not really any help. It doesn't change the problems out here. Cause it is all around you. It is not like you can have problems and deal with them...that's great right, you go back into the same problems. It seems to be getting worse.....[cries]....sorry..." (I41)

#### Positive and useful.

Many participants spoke about what they felt *should* be available or what would be useful for street youths to help improve their lives, reduce suicides and get them out of bad situations on the street. A complete list of their suggestions and ideas can be found in Table 5. A major theme that ran through this category was the need for street youth to find or be given the opportunity to do something that will give them a sense of worth. This may involve discovering what their talents and abilities are and giving them an outlet for those skills which could lead to work of some kind. This has definite implications in terms of mainstream society since several participants suggested that in this way, society could see that they have something to offer and are not "worthless street trash". Ten participants suggested going to school or finding work or work programmes as useful, and 5 suggested that street youth should find out what their talents are and develop them.



Table 5

What Would Help

Idea	n
School/Work	10
Must Come From Within	9
Educate Public	6
Affordable Housing	6
Find Talent	5

"If people actually gave us a chance maybe they would be surprised. I keep getting told to get a job. I have a trade. But I can't do that trade because of a health condition. But I have a solution. A lot of these people can do good work. A lot of them can. But a lot of them don't know how." (183)

"My family is out in BC too. So I could get back into their lives cause I really fucked up a lot, like I robbed banks and shit, and dealt dope, I went home, the cops had to come....Very bad scene. So...now I am thinking more like I will go back to school cause I have a head on my shoulders eh. I am not going to waste it anymore. I have wasted it all my life." (17)

Other ideas involved the mindsets of other people. What was suggested was a need to educate the public and people who work with street youth about what living on the street is like and about the lives of street youth (6). The emphasis here was that

through awareness, the public and various services would be less judgemental, which would help make street youth feel less looked down upon and make it easier to get off the street if they chose to do so. Understanding was a major part of this category. The need is to have someone who understood what street life was like talk with them and listen to them. Three suggested that this would ideally be someone who had been on the street in the past or did not act so “adult”. Though these things were felt to be potentially useful, 9 participants thought the only way people are going to experience lasting change and get off the street was for that change to come from “within the person”. Finally, 6 participants said there is a need to make affordable housing more accessible. This arose out of frustrations described earlier involving discrimination and problems getting enough money to get started.

“I think it has a lot to do with not enough options...like even if there are a lot of options out there they are judgemental options and I think that...like in my case I noticed that so many people would judge me, look down on me [for being involved in prostitution]. And it would just make me feel like I not worth getting better. Like, what’s the point they are still going to judge me right? So I think if they could give people the benefit of the doubt that they’d want to change and...I think people wouldn’t be so suicidal and thinking that their life is over with. Or is not worth it. Most people would be helped. I think that if you are going to work for a counselling department or a resource, you need to put aside your own personal feelings and be non-judgemental. Because everyone has their own opinions about things. Like, I could say ‘I can’t stand anyone who would work in prostitution’ but if I worked here or someplace I would have to put my feelings aside and realize that this person needs my help.” (I62)

“I think greater awareness of people... I think if people had a more holistic view of people just like...that you are a person. And no matter how you look and what you do you still deserve respect. I think

that people should be educated on that basis rather than 'those who get money can do whatever you want'." (164)

"More listening to me and not just trying to shut me out. Better friends who wanted to be there. I always wanted a friend just to talk to. A lot of people the only way I can get them to talk to me is me buying them something. Giving them something so they will just sit there, stuff their face and I am thinking to myself 'are they really listening?'" (166)

### Tentative Findings

In the following section several findings are presented that must be regarded as tentative in the context of a qualitative analysis. They are presented here as areas that require further inquiry and verification as they are not derived from the meanings the participants actively gave to their experiences.

First is the question of those who had very little to say about suicide. These participants often said that they didn't have much to say about it since they didn't know anybody who had done it. Of the 30 who fell into this category, only 4 (13%) reported having attempted suicide which is much lower than the overall attempted suicide rate (46%). Twenty of the interviews, however, which lacked depth on the topic of suicide were of the 27 interviews which lacked depth generally. Thus, whether not having much to say about suicide indicates a person with less experience with suicide (personal or otherwise) or just indicates a defensive interview is impossible to tell in this study.

Comparisons were made in the major categories and themes among those who reported having attempted suicide and those who did not, and males and females (see Table 6). It was found that those reporting suicide attempts brought up loneliness more often in relation to suicide than those who did not (Fisher's Exact test, 2-tailed,  $P < .05$ ). Also, females spoke significantly more about loneliness and hopelessness than males (Fisher's Exact test, 2-tailed,  $P < .05$ ). Again, these must be interpreted with caution as

they may only indicate a greater amount of content brought up by each group. Also, the measure is constricted since it only indicates whether a person did or did not bring up material related to a category.

**Table 6**

**Tentative Comparisons**

Category (n=49)	Attempt (n=37)	No Attempt (n=43)	Category	Female (n=31)	Male
Trapped	14(38%)	16(37%)	Trapped	12(39%)	14(29%)
Worthless	13(35%)	8(19%)	Worthless	7(23%)	9(18%)
Loneliness*	16(43%)	8(19%)	Loneliness*	13(42%)	9(18%)
Hopelessness	7(19%)	5(12%)	Hopelessness*	7(23%)	3(6%)
Giving Up	7(19%)	6(14%)	Giving Up	4(13%)	7(14%)
Drug Addiction	30(81%)	25(58%)	Drug Addiction	21(68%)	27(55%)
Stigma	17(46%)	23(54%)	Stigma	17(55%)	16(33%)

\* $p < .05$ .

**Verification**

Feedback forms were sent to Vancouver and interviews were conducted in Toronto in an effort to verify the category structure and content that emerged through analysis of the interviews.

**Feedback forms: Vancouver.**

Ten feedback forms were received by mail from Covenant House Vancouver. All ten of the respondents indicated that they agreed with the summary of the findings. Five simply indicated that they agreed, and the remaining five provided comments amending and elaborating upon what they had read. Three respondents indicated that

while they agreed, they felt that “drugs aren’t the only problem”. Since the summary does not say this, it is possible that they are sensitive to the topic after having frequently been told that drugs are the only/main problem. In total, five of the people who sent back form wrote in comments elaborating upon and emphasizing what they had read.

“Suicide has a lot to do with your environment. If for all your life people have been putting you down you will feel like a rodent. You will act like a rat because you think you are one. Continue your work. I don’t want to hear about another kid’s suicide.”

“Drugs aren’t the only problem. Ignorance is the main social problem. Inform people. Make them SEE [original emphasis] that a human is a human and things might get better. Quit judging us and help people instead and quit saying “get a job”. Why not “Do you want a job?”. I’m thankful to people that listen and have helped.”

#### Feedback interviews: Toronto.

I went back to the agency in Toronto and walked several times through areas on the street where street youth typically congregate. At the time I was at the agency, cheques were being handed out for a work programme, so the majority of their clientele were present. I interviewed two of the original participants. I saw few youth on the streets, which might have been due to the cold weather. While in the main area of the agency, two of the former participants recognized me and I them. One in particular I recalled had given a very in-depth interview originally and had been very interested in the study. Before the interview we chatted for about a half hour about what each of us had been doing since we had last met.

I came to realize very quickly that the category verification did not apply well in the context of this study. The general summary of the findings was too general and far removed from the experience of the individual (Also, it probably didn’t help that the interviews occurred 6 months previously). Additionally, I felt that my presenting ‘what

is going on with street suicide' changed the power dynamic in a negative way. I was *telling them* what was happening in their lives. Both interviewees stated that presenting the findings at a general or averaged level missed the importance of individual experience. The reason one of the interviews worked was likely because of that person's interest in the study, and the unusually good rapport that seemed to have developed between us. She emphasized the contribution of trauma and loss within the family environment to suicide, and how she used drugs to cope with her bad memories. Also, in this interview the importance of people's individual stories was emphasized, with a caution that the point will be missed if only averaged or general findings are used. The final issue she brought up was something that I neglected to access in the interviews: how street experiences differ for women. This is an area that would benefit from future exploration.

Me: [Summarized findings]

(P)articipant: It sounds pretty accurate...but it is so general. Also a lot of it has to do with family I guess. Was there a question there?

Me: I guess I am trying to make sure I am not biasing it with my own ideas, but I can see what you mean about it being too general. About the family stuff...a few people mentioned how that made them suicidal but not a whole lot.

P: Well you can't really...suicide is really a general, broad. You can't really generalize it at all. I can't see how you can categorize it actually.

Me: Well, in a couple of months I am going to send back what I found in detail with people's stories in them, but right now I just have a very general summary to check what people think.

**P:** Well...remember you asked how things have been and I said 'fine' or whatever. Actually things have been pretty bad. It's been in the paper actually. My mom...[distressed]...I guess since people haven't talked about family stuff I will be different. Family...it's been...my mother passed away a few months ago. And now my family doesn't want to see me because I am too much like her.

**Me:** That's rough.

**P:** This past year I've seen a lot. My little sister passed away. My brother committed suicide as well. That's why my mom committed suicide. She couldn't handle it. My little sister got beat up in my family...beat up to the point that she couldn't get up. Things like that...I tried slicing my wrists. I haven't been able to feel anymore. I feel dead. That's why I do drugs. I have given up...sorry...

**Me:** That's alright...having all those memories of that stuff must be awful.

**P:** Yeah it is. Dreams. Dreams are horrible. Crack keeps me up. 24/7. Sometimes I stay up for three days and when I go to sleep I don't dream. I don't remember. It helps a lot. Even though I smile each day...it's like. Suicide is a very personal thing...I don't know how you can generalize it.

**Me:** It is a problem with research where most of what you do is generalize and you end up talking about the average person...who is nobody.

**P:** Well, how are you going to do that?

**Me:** [Explain format of results with people's narratives included].

**P:** Yes. You have to put it in a way that sounds real. How are we going to see this? When are we going to see this?

**Me:** [Explain when and how they will get the results. I offer to give her a copy of the dissertation.].

**P:** As long as it's not a big hassle. Don't go out of your way. But it is a topic I am interested in.

**Me:** [Explain advocacy approach].

**P:** Even though we kind of let it happen to us, we get called all the names in the world every single day. But it gets to you after a while. Especially if you live out there every single day, you can't get away from it. Especially women. You get 'Hey, give me a blowjob and I will give you five bucks'. You get harassed constantly, it takes a toll on your self esteem. I guess what I am trying to say is that since all this bad stuff has come out against us. All you get is the bad part about us and how we rob people and all that stuff. There was more of a chance of getting a good job three years ago. People were more generous, more on the level with us. It makes a big difference.



## Chapter 8: Summary of Analysis and Emergent Theory

In the presentation of the analysis results, a progression was made from meanings most central to suicide (trapped, hopeless, worthless, alone) to consequences and actions arising out of these feelings (giving up, drug abuse) to understandings of the social environment (stigma, police, government). Then their understandings of what is going on “out there”, the suicidality of other people, were presented. Depth was added to this spiral of interconnected meanings by looking at strengths and coping strategies which work against their suffering and negative experiences that they described as leading to suicide. It is, at this point, that a conceptual framework or ‘theory’ is proposed, drawn from the categorical analysis, that may approximate how suicide operates and exists in the lives of those interviewed. By ‘theory’ I am referring to the pattern that emerged. In other words, theory is a movement beyond a descriptive summary of categories/variables to a conceptual organization of how the categories are interrelated and positioned or ordered in relation to one another (Glaser, 1978; Kazdin, 1998). The goal is to propose an explanation for a problem, in this case suicide.

### Brief Summary of the Theoretical Framework

The central ‘working part’ of the theory is the individual’s experience. Within this experience are a cluster of interacting elements ranging from painful self-perceptions and negative social experiences to positive beliefs about the self and social environment. These various elements are interwoven through the person’s memories and understandings of their experiences from earliest childhood to ‘in the moment’ experience. Suicide is an action of escape taken when the negative experiences become intolerable and overwhelming and the person does not foresee any improvement in the future and does not believe in their ability to change their lives in a way that could result in an improvement or reduction in negative experiences. The lived experiences of the participants of the present study fit within this framework as follows:

At the centre is a cluster of emotionally painful feelings or experiences. These arose in the participants narratives about suicide as feelings of worthlessness, loneliness

and hopelessness. These feelings become more and more pronounced as the person recalls their past experiences and processes experiences as they are happening. The process could be viewed as one in which the person moves back and forth from social understandings to self understandings such as worthlessness. The social realm of meaning involves understandings of other people's perceptions of them, and the interpretation of others' actions towards them. Examples in this study are: (i) the experience of social stigma and oppression, (ii) memories of those who in the past have hurt them, and, (iii) negative experiences with friends and partners. These experiences of emotional pain do not, however, appear to account for suicide.

The crucial element identified by the participants in this study was being 'trapped'. The element of emotional pain tightly linked with the perception of being trapped is hopelessness. This occurs along with worthlessness and loneliness. It is the perception of being trapped that is dangerous, and that goes hand in hand with suicide for many of the participants. The person is having a cascade of painful experiences, of worthlessness, of loneliness, of being looked down upon. A lifetime of such experiences ranging from memories of past abuse to what is happening to them right in the moment. This may or may not be accepted and put up with, but to think that it will never end is intolerable. The person is motivated to do something to end this pain. The danger of feeling trapped is that as they try to reduce their suffering, and seek ways of reducing their suffering, they gradually come to the conclusion that there is nothing they can do that will make them feel better, make them feel cared for, worth something, that they have a future in which they could be happy.

So here is the person, feeling worthless, lonely, hopeless, and trapped. They have been hurt over and over again, abused, spit on, and called 'a worthless piece of shit'. They are then motivated to do something about it. One avenue is to keep struggling in an attempt to improve this horrible way of being. They may work to change their view of themselves, to do things and think in ways that increases their sense of self-worth, to learn to love and respect themselves. Also, they will seek out and build upon positive social experiences, have their worth confirmed and increased by

others. This will leave them feeling as though they can have agency in the world, they have options, they have a future in which there are positive opportunities, they are not trapped

It is here that the context of the street, and the specific experience of street youth, becomes relevant. Their external world is trapping and hurtful. People *do* look down on them; they *are* turned away from shelter, and at different times they *have* been alone with no one they know to turn to for support and help. The next critical element is the drug abuse pervasive in the street environment. Drugs are especially dangerous as they not only, if only temporarily, reduce emotional and physical suffering, but also they increase emotional and physical suffering. This occurs in all of the elements discussed earlier, but most importantly in the theme of being trapped. Drugs have the allure of temporarily 'un-trapping' the person, but leaves them more trapped than before. Lastly, the social environment on the street was described as one in which it is very difficult to have positive social experiences.

Another alternative is death and suicide. While the person has likely in the past, and may even concurrently, be trying to reduce their suffering in the positive ways, they may also seek to end that suffering by dying. This phenomenon appears to be dimensional. At the extreme is the choice of finding a way that they are sure will end their life (gun, hanging, massive overdose). They may also enter into the grey area of suicide attempts, with varying degrees of surety that they will die from that action with some, perhaps, using the action more in an effort to have others save them and, hence, allow them to feel that they are not alone and actually worth something. They can also take advantage of something specific to the context of the street. On the street, 'giving up' is often deadly. As one participant said, "It is a toboggan ride off a cliff." So, when the person no longer struggles to survive or dig their heels in, they are as good as gone. They will use harder and harder drugs, becoming more and more frequently involved in dangerous situations. The result is eventual death from an overdose and having their health threatened in numerous ways.

All of the above must be viewed as a dynamic system. These elements, be they more self-related such as worthlessness, socially understood such as stigma, or concurrent such as drug abuse, interact with one another. Furthermore, it is a catalytic process that can be directed either positively or negatively. Take a few of the more central elements for example. The pull towards worthlessness is acted against by the sense of being integrated with and valued by others. There exists a balance in which the catalysts are not brought together. If, however, the pull towards worthlessness occurs along with loneliness, the loneliness will contribute to the worthlessness, which will promote harder drug use. This situation will increase loneliness and worthlessness and so on. Life on the streets promotes this catalytic process through elements such as social stigma and the ever available and often pushed drugs. When you add to this past experiences which long ago started this whole process, the descent more readily occurs and more and more difficult to pull out of.

## Discussion

### Chapter 9: Action Research and Culturally Situating Street Youth

#### Summary of findings.

In this study a qualitative analysis was applied to interviews with 80 street youth on the topic of suicide. These interviews were conducted in agencies and on the streets of Toronto and Vancouver. The categories central to suicide were worthlessness, loneliness, and hopelessness. What appeared to be most central was described by the participants as feeling trapped. Feeling trapped was associated with their being looked down on and held down by society, drug addiction and generally feelings of powerlessness in an environment with few material or psychological resources. When these feelings became most intense, according to the informants, they would either attempt suicide or simply stop trying to survive which on the streets is tantamount to suicide.

#### A More Active Stance

Over the course of the interviewing I became aware that I was using a pre-conceived theoretical model despite my efforts to be as open-minded as possible (theoretically and otherwise). The model that I had in mind was an individualistic risk-factor model very common in suicide research. This is a model in which one identifies a number of 'within-person' problems such as depression and hopelessness which, to varying degrees, will predict the level of suicidality of a person. As I heard the stories of the informants, however, the inadequacy of this mode of understanding was obvious. The participants described being trapped both as an individual and social problem. Further, again and again they asked that I make an effort to educate the public by helping people understand the social problems that street youth face. Providing suicide prevention/intervention information to those working with street youth was no longer my primary responsibility as a researcher. Empowerment and awareness-raising became very important (if not the most important) goals developed through my conversations with informants. This emphasis forms the foundation of what is called 'action research' (Hart & Bond, 1995).

The person widely recognized as the pioneer of action research is Kurt Lewin, who conceived of it as a means of applying research to social problems and taking a much more proactive role than that typical of more traditional experimental approaches (Lewin, 1946). Action research is collaborative and seeks to change social situations in which the rights of the informants are impinged upon. In this framework the researcher has been described as a 'catalyst' (Stringer, 1999) who seeks to stimulate people towards change. They seek to maximize the roles of the informants in this process and include all relevant issues.

The more active stance arrived at collaboratively with the participants of the present study is consistent with the agenda of active research. It is also consistent with the research findings in which social problems were highlighted. A risk-factor approach is very limited because of its focus on the individual and its 'after-the-fact' emphasis. In other words, providing workers with such information will help them identify individuals at risk of suicide, and aid in work with such individuals, but the damage has already been done for the most part. It is like running around a shaking table, picking up the pieces of vase that have fallen off it and attempting to glue them together. No doubt the effort is useful, but likely far less effective than focussing on what is shaking the table in the first place and trying to stop it. This problem has been described as the difficulty in bridging the gap between research/academic theory and its applicability outside of the academic arena (Stringer, 1999).

### Discussion Framework

There are four main components to the following discussion. In the first section an effort is made to culturally situate the street youth interviewed. Current thinking on subculture is reviewed and framed within the cognitive model of culture described in the Introduction, and an effort is made to locate the participants of this study in that framework. This leads into the second section and main body of the discussion. In this section the themes and categories that arose from the interviews are linked with and discussed in reference to the existing literature. These themes and categories arose from the participants' narratives of their experiences with suicide and their understandings of

coping actions. In the third section the results and theoretical implications are synthesized and discussed. In this section the results of the present study are compared to the findings of the pilot study involving prostitution-involved youth. In the fourth and final section the 'action' component is outlined. Here a plan is proposed for making use of the findings of this study in a way that maximizes the benefits for the lives of the participants, other street youth, and at-risk youth.

### Street Youth in Social Context

#### Subculture undone.

Since an action research approach is being taken in the present study, locating who and where street youth are within society is an important task. Street youth have long been understood, explicitly and implicitly, to be a subcultural group (Tait, 1993). In the past 15 years the concept of subculture has been dramatically revised under the influence of postmodernism. Earlier work described subcultures as being characterized by a distinguishing set of cultural features/meanings/characteristics and were thought to be relatively homogenous and 'separate' from mainstream culture (Muggleton, 2000). A group of researchers and theoreticians who did much of the founding work on subcultures in the 70's are referred to as the 'Birmingham School'. Here I refer to Dick Hebdige, Stuart Hall, Geoff Mungham, Paul Willis and several others who were based in The Centre for Contemporary Cultural Studies at the University of Birmingham, England. They represented a 'first wave' in subcultural research and theory. These theorists worked from a neo-Marxist standpoint and viewed subcultures as a discreet group of people engaged in a symbolic reaction against class exploitation. They were criticized for imposing this theory on their data and for largely ignoring the subjective worlds of the members (Tait, 1993). More recently, arguments have been raised as to whether or not street youth could be called a subculture, or whether such a notion was romanticist oversimplification (Tait, 1993; Sercombe, 1993). The argument put forward was that street youth have diverse backgrounds and experiences and very little 'collective consciousness', and as such could not be considered a subculture (Tait, 1993).

The entire question of subcultural classification has been sidestepped in more recent developments in cultural theory. As mentioned in the introduction, the previously held understandings of cultures to be a property of 'the other', circumscribed and uniform has largely been rejected (Rosaldo, 1989; Strauss & Quinn, 1997). In line with the movement towards a more fluid and fuzzy-boundary perspective of culture, subcultural labels have been demoted from the more rigid classificatory meaning akin to such terms as vertebrate vs. invertebrate. It is viewed now as more of a term of convenience applied in the discussion of an aggregate of individuals. In the post-modern view of subculture such groups are fluid, with little shape or boundary (Muggleton, 2000). Individuals may be members of several subcultures and may have beliefs that contradict some of their subcultures. Members may not identify themselves with the collective subcultural term, and may not define themselves in opposition to mass society. Multiple layers of meaning in which there might be a fairly stable central core of beliefs (e.g., non-conformity) have been identified while more superficial beliefs may shift as the person appears to easily move among apparently contradictory subcultures. Furthermore, a temporal fluidity has been identified in which subcultures appear, change, and disappear over time (Osgerby, 1998). This shift in theory has led some to fundamentally challenge the entire notion of the subculture (Peace, Beaman & Sneddon, 2000; Muggleton, 2000). The following table from Muggleton (2000, p. 52) summarizes this shift to postmodern understanding:

<u>Modern</u>	<u>Postmodern</u>
Group Identity	Fragmented Identity
Stylistic homogeneity	Stylistic heterogeneity
Strong boundary maintenance	Boundary maintenance weak
Subculture provides main identity	Multiple stylistic identities
High degree of commitment	Low degree of commitment
Membership perceived as permanent	Transient attachment expressed
Low rates of subcultural mobility	High rates of subcultural mobility
Stress on beliefs and values	Fascination with style and image



Political gestures of resistance

Apolitical sentiments

Self-perception as authentic

Celebration of the inauthentic

### Street youth and cognitive theory.

In this section I intend to develop the argument that 'street youth' can be used as a group term in a way that is culturally valid and useful. I am rejecting the structuralist notion of subculture, but rather view street youth in this study as forming a cultural node. In other words, there emerged from their interviews a set of understandings that hold together in the semi-coherent manner typical of current understandings of subculture.

Recall the cognitive model theory of culture described in the introduction. Current cognitive theory of culture proposes that we use a network of models derived from our sociocultural environment as a lens through which we understand our experiential world and act/feel/think in that world (Keller, 1992; Schwartz, 1992; Shore, 1996; Strauss & Quinn, 1997). By asking the participants about suicide, a label whose meaning we share at a very superficial level as the act of killing oneself, I activated a network of models and meanings that they associate with the word suicide. It was understood that behind the meanings that arose in their discussion of their experiences lies a system of models that form their experiences.

I propose that the findings of this study can be spoken of at a group level. In other words, I am suggesting that the participants of this study have a shared set of cultural models to which the term suicide is attached. As seen in the Results section, themes and categories emerged in similar and consistent ways across the narratives of the participants (i.e., node of meaning). This allowed for the proposal of theory grounded in the data. Stated differently, there did not emerge a seemingly random set of differing and contradictory themes/meanings. Several challenges can be made to this argument of a shared set of cultural models for these participants:

*How could the themes that emerged be culturally shared when they did not appear in the narratives of all or even a large majority of those interviewed? For example, only 35 participants identified the 'most central' theme of being trapped as related to suicide out of the 50 or so interviews that had substantial depth.* First, postmodernist theorists have discredited the notion of homogenous group beliefs (Muggleton, 2000). In other words, range and lack of uniformity are integral to all (sub)cultural groups. Second, the interviews were very brief in ethnographic terms. Interviews only lasted about a half hour, and I did not spend the time in the field necessary to develop the rapport and do the in-depth ethnographic work typical of cultural studies. That the themes found in this study arose with some uniformity given these conditions testifies to their centrality in the lives of the participants. (i.e., If I had been in the field for a year and conducted a series of interviews, a theme like trapped may have arose in discussions with most or all of the participants). Third, the open-ended interview format gives weight to the themes that emerged since the participants brought them up freely rather than the interviewer proposing them for agreement or refutation.

*How do you know that your participants are any different from society in general in terms of the theory that emerged?* I don't, but I have several arguments related to this question. Such a distinction is losing relevance and is not as clear-cut in the arena of current thought. It is quite likely that the participants share several meanings/models with mainstream society if such a thing exists (Evans, 1997). It would be difficult to argue, however, that the experiences of street youth both in their pasts and life on the street are anything like those of youth in normative society. Given that cultural models are continuously transformed through experience (Shore, 1996), this difference of experience will be reflected in the understandings of individuals who have had those different experiences.

*Are your participants any particular subset of street youth? Can you use the broad term street youth to describe them?* The term 'street youth' is one of convenience rather than distinct and uniform category. The street youth I interviewed could broadly be conceptualized as visible street youth. The majority were pan-handlers or otherwise

engaged in activities that made them visible as street youth. Also, and as is typical of contemporary subculture members (Muggleton, 2000), few identified any particular group to which they belonged. A limitation of my study is that I did not have the time to engage in the type of ethnography which could shed more light on the types of lives the participants led. This is, admittedly, a problem as I may have glossed over distinctions that were important.

*How do you know that the themes and theory you developed are culturally grounded under the heading 'street youth' when you did not access the vital part of culture: sharing of meaning among your sample?* Such a criticism has merit since seeing how street youth react to suicide and talk about it among themselves would have added greatly to an understanding of the phenomenon at a cultural level. My response is as follows: Cultural models are influenced and changed through experience. While some models, usually institutional, may stay relatively untouched (e.g., wedding) (Shore, 1996), suicide is a different story. Under the heading of suicide falls all of the negative experiences, emotional and/or physical distress that predicate such an action. Thus, suicide taps into a broad and deep set of meanings that are highly likely to be influenced substantially by the experiences of street youth. Yes, I am making the leap from shared experience to shared meaning (i.e., street youth talking about and negotiating understandings of suicide with one another), but as discussed above, this leap is not an unreasonable one. Also, making such suggestions is consistent with the method employed in this study, with verification and further exploration a part of future work (Glaser, 1992; Rennie, 1998).

Given these arguments, I feel confident in proposing the themes, categories, and theory as being inherent to an understanding of the participants as forming what Muggleton (2000) called a post-subculture [with 'post' referring to postmodernist notions of subculture]. In other words establishing a tenuous structure on the shifting and ill-defined sands of cultural meaning.

### Theories of deviance.

The central understanding of suicide on the streets was the occurrence of a process in which the person has numerous negative experiences, ends up feeling trapped and comes to believe that death is the only source of relief. Many participants brought up the importance of social factors to suicide on the streets. I am, therefore, presenting a discussion of sociocultural theory as it applies to street youth and similar marginalized groups.

The following discussion of the social theory of deviance is drawn from Beaman (2000), Kallen, (1989), Schissel (1997) and Worsley (1997). In the history of the study of social deviance several major camps have emerged. Earlier theories prominent up until the last 20 years or so could be considered consensus theories (Peace et al., 2000). They are referred to as consensus theories because a group of people are judged deviant from the perspective of a perceived consensus as to what constitutes 'normal' behaviour. There were five major consensus theories. Differential association accounted for deviance as being due to social interaction (hanging out with a bad crowd). Control theory located the cause of deviance in a weak bond formed between the individual and society. Social disorganization theory states that deviance arises at times when social institutions are weak and are not communicating the appropriate messages. Finally, the medical model views deviance as a symptom of sickness/deficiency. The medical model, however, still appears to be active. A recent article viewed the anti-establishment stance of punks as being caused by a 'schizoid dilemma' (McAllister, 1999).

Critical theory has become the major set of models for understanding deviance. Critical theory here refers to a group of perspectives that generally take the stance of criticizing the system through which some members of society are regarded as deviant. Marx's conflict theory is one major school of thought on deviance. Marx viewed deviance as being a construct created by those in power as a means of maintaining and promoting their own interests (Peace et al., 2000). Antonio Gramsci, writing while a prisoner of Mussolini, called the set of institutions through which these oppressive

beliefs are disseminated 'hegemony' (Worsley, 1997). Hegemony blurs and distorts the causes of inequality in ways that preserve the power structure. For example, the poor are portrayed in the media as abnormal and lazy rather than as a product of a faulty and oppressive social system that gives disproportionate resources to those in power. From the Marxists' conceptualization of power emerged the counterculture of the 60's, and subculture theories discussed above (Worsley, 1997). Labelling theory is another critical theory that suggests that deviance occurs in line with and as a result of being labelled. For example, being labelled a drug addict can have a substantial impact on self-esteem and could lead to further drug use (Kallen, 1989). Postmodernists, most notably Michel Foucault (see 1977), reject the somewhat black and white notions of power propounded by Marxists. These theorists view power as existing in many domains, large and small (Sercombe, 1993). They view knowledge and power as being inextricably linked. Deviance categories arise as professionals seek knowledge that facilitates the creation of deviant categories, a process in which an imbalance of power is established (Peace et al., 2000). Feminist theories of deviance have focussed on gendered characterizations of deviance that facilitate the oppression of women (MacDonald, 2000).

In this study a postmodern understanding of power structure is taken. In other words, oppression is taking place at many levels ranging from that of individual psychology to the more Marxist understandings of hegemonic influence. This is consistent with the narratives of the participants in which stigma was described at both individual and societal levels. I give emphasis to the Marxist stance, however, because framing the findings in this way paves the way for action to be taken more readily. Though clearly the perspective of *mainstream society as controlled by hegemony vs. street kids* is simplistic, such a view allows members to organize and target media and government as sources of cultural oppression (Sercombe, 1993).

#### Street youth as folk devils.

Much of the literature on social deviance focuses on the development, maintenance, and outcomes of deviant identities. In the case of street youth, the process

of deviance began long before they came to the streets. In the present study, 60% of participants reported having a problematic childhood. This number is likely underrepresented since 20% did not want to speak of their childhood experiences. Their narratives ranged from poverty and harassment at school to experiences of horrific abuse and trauma. These youth were denied their fundamental human rights of freedom of choice, equal opportunity and human dignity (Kallen, 1989). Through our failure as a society to protect the rights of these youth the process of socially created deviance was initiated.

The first and foundational element of deviance is its socially constructed nature. An aggregate group of individuals are observed, defined and given a label, and framed in reference to socially constructed conceptualizations of mass society (Ramp, 2000; Sercombe, 1993; Shissel, 1997). The legal system and the media are crucial to the construction of deviance. The legal system is an institution that creates a sense of consensus that certain behaviours are morally wrong (Butters & Erickson, 2000). Laws help establish social boundaries (Ramp, 2000), and by degrading minorities through media and the legal system society can rationalize violations of human rights (Kallen, 1989). For example, in Ontario it is illegal to wash car windows for change. Several street youth in this study reported going to jail for this 'crime'. Yet companies that pollute our environment on a enormous scale seldom get fined. Also, money is continually drained from the social system, and spending on social programs is tightly controlled while 80,000 profitable corporations in Canada are excused from paying taxes (Doherty, 2000).

The media both reflects and is reflected by the beliefs/models that we use to interpret and act within our environment as individuals, systems and institutions (Doherty, 2000). We are invited to be members of a coherent 'us'. This is evident in the way that news is presented which places the reader in line with an assumed social order from which the activities of others are examined (Shissel, 1997). This system we are invited to be a part of is generally formed from a set of beliefs that benefits the interests of the dominant social class, and deviance is portrayed as self-failure and

threatening (Ramp, 2000). Researchers have examined the kinds of messages that have been applied to street youth and similar individuals through the media, government and legal system. One major message is that the poor and those on welfare are lazy and deficient as compared to the social norm (Doherty, 2000; Shissel, 1997). The media has also portrayed problem youth as threatening, frequently printing stories of individual pathology which are widely generalized to street youth as a whole (Shissel, 1997). Youth crime is portrayed as greatly increased, when it is an artefact of increased arrest rates and changes to the criminal code. Furthermore, most crime that takes place is against other disadvantaged youth (Shissel, 1997).

Stereotypes and 'issues' also help in producing the smoke screen. An example is the focus on drug abuse rather than the social realities that foster that abuse (Butters & Erickson, 2000), and on 'family problems' divorced from the socio-economic backdrop of those problems (Shissel, 1997). Often seen in papers are tragic tales of street youth, which pull at our sympathies for the stereotyped waif but neglect to mention the social situation that puts young people on the street and keeps them there (Shissel, 1997). This superficial stereotyping was evident in the angry stories told by some of the participants of people who commented that they were 'too clean to be street youth'. Compounding the problem is that the vast majority of our society's construction of street youth and other groups portrayed as deviant the voices of the marginalized individuals are excluded (Doherty, 2000).

This process is likely aided by the individualistic nature of western society with a belief system in which agency must come from within the self. People have choice and freedom, and essentially the onus is on the person if they desire improvement and change (Cross & Markus, 1999). This stance clashes with notions of social oppression and the influence of abusive and neglectful pasts. Thus, by assuming that the street youth has more control than is warranted, we can ask 'why don't you just clean up your act and get a job like everyone else?'. The result? A group that is dehumanized and viewed as worthless on the basis of inaccurate stereotypical traits. A group that can be ignored, feared, hated and have their rights violated without guilt or pressure for change

(Beaman, 2000; Shissel, 1997; Worsley, 1997). Recent crackdowns on street youth by police indicate that this state of affairs is getting worse.



## Chapter 10: Why Suicide?

In this section the findings are discussed in light of previous research and theory. First, the themes/feelings most central to suicide in the narratives are discussed. Second, the factors that the participants linked with suicide are linked to the literature. Third, the ambiguity of suicide attempts as a measure of suicidality is addressed along with the participants' ideas and perceptions of the phenomenon of suicide as it exists among street youth. In the last subsection the theory that arose is related to existing theory on suicide, including that which arose from the pilot study. The pilot study is given its own section in which comparisons are discussed, separately from that of the general literature.

### The central themes: trapped, worthless, alone and hopeless.

The central constellation of feelings of worthlessness, loneliness, hopelessness and feeling trapped has been linked with suicidality in the street youth population in previous research. Worthlessness/low self-esteem has previously been highlighted in relation to suicide among street youth (Yoder, 1999), and all of these themes have been encapsulated within measures of depression which in turn has been identified as a major risk factor for suicide (Rotherham-Borus, 1993; Stiffman, 1989; Yoder, 1999; Yoder et al., 1998). Apart from their link to suicidal behaviour, high levels of these themes have been consistently found among street youth (Bradley, 1997; Buckner & Bassuk, 1997; Kipke et al., 1997; McCarthy & Hagan, 1992; Powers et al., 1989; Rotherham-Borus, 1993; Savin-Williams, 1994; Smart & Walsh, 1993; Terrell, 1997; Whitbeck, Hoyt & Bao, 2000).

These themes have also been addressed in the adolescent and more general literature on suicide. The first point to be addressed is the difficulty in separating the constructs of hopelessness, helplessness, loneliness and worthlessness as well as their relationships with affective disorders. Their interrelatedness has been emphasized in numerous studies (Pagliaro, 1995; Metha, Chen, Mulvenon & Dode, 1997). Feelings of low self-esteem/worthlessness have been consistently linked with suicide among adolescents and are regarded as a major risk factor for both attempted and completed

suicide (Metha et al., 1997; Pagliaro, 1995; Sandin, Chorot, Santed, Valiente, & Joiner, 1998). Loneliness and poor social integration have likewise been linked with adolescent suicidality (Laederach, Fischer, Bowen & Ladame, 1999; Pagliaro, 1995). While hopelessness has been found to be the experience most consistently related to suicidality among adults (Beck, Brown, Berchick, Stewart & Steer, 1990; Weishaar, 2000), recent evidence has questioned its relationship with suicide in the adolescent population (Group for the Advancement of Psychiatry, 1996; Metha et al., 1997). This is of interest given that of the four themes found in this study, hopelessness as identified by the participants arose with the least frequency.

Neither the most central theme of feeling trapped, nor its potential interpretation as helplessness, were mentioned in several major reviews of research into adolescent suicide (Brent, 1995; Laederach et al., 1999; Metha et al., 1997; Pagliaro, 1995). A link however, can be found as follows. In the past decade poor coping abilities/inability to cope have received substantial attention in the adolescent literature as a crucial step in the suicidal process (Sandin et al., 1998). In the general literature a continual failure of coping mechanisms is common to suicidal individuals (Shneidman, 1996) and is closely linked to the helplessness/hopelessness emotion common among suicidal persons (Lester, 1998; Lester & Young, 1999). Thus, feeling trapped/helpless may be a subjective experience underlying other constructs such as coping failure that are more frequently assessed in research on adolescent suicide.

The most important finding related to these themes and one not previously found or proposed in any studies on street youth suicide is the centrality of feeling/being trapped in the participant's understanding of suicide. Feeling 'trapped' is not mentioned in any of these studies, and its potential interpretation of helplessness is only included as a question in a depression inventory. Given the importance of this theme in this study, it would suggest that the 'trapped' experience and/or helplessness should be considered as a variable in future studies.

A crucial distinction must be made between the feelings of being trapped, worthless, alone and hopeless in the present study and those described in the research as cited above. The feelings in this study were *actively* given to the suicide experiences of the participants. When a participant stated that they felt worthless when they attempted suicide it is different from a scale that assesses sense of self-worth as it is correlated with a history of suicidality. This possibly accounts for the differences between the findings of the present study and other research on street youth and adolescent suicide. The participants described their construct of suicide rather than confirming or disconfirming the researcher's hypothesized construct of suicide. In this context, feeling trapped emerged as most central to the participants' understanding of suicide. This may be very important for those working with street youth, and will be a useful avenue to explore in future quantitative studies that could help to elucidate the relationships between the variables.

#### The situations and problems involved.

***Abuse and Neglect:*** The incidences of problematic family experiences found in the present study are less than those reported among other street youth populations (Feitel et al., 1992; Powers et al., 1989; Rothman & David, 1985; Ringwalt et al., 1998; Robertson, 1989; Shaffer & Caton, 1984; Terrell, 1997; Whitbeck, Hoyt & Ackley, 1996). This comparison likely has little meaning, however, since in the present study the participants were not directly questioned about such occurrences. These reports of instability, abuse and neglect can probably be regarded as accurate given Whitbeck et al.'s (1996) finding that homeless adolescents' reports of abuse were comparable to those given by caretakers. Seven participants spoke of how their abusive and neglectful family experiences were linked to their past and present suicidality. Such a finding is consistent with the street youth literature in which this relationship has also been found (Molnar et al., 1998; Shissel, 1997).

As well as family problems, 8 participants spoke of how problems at school led to their running away and formed a part of the painful experience they viewed as contributing to their past suicidality. These difficulties were described as conflicts with

school authorities, harassment by peers and learning difficulties. Other studies have found that a high percentage of street youth report problematic school experiences (Feitel et al., 1992; Hagan & McCarthy, 1997), and Rotherham-Borus (1993) noted that school problems/incidents at school preceded suicidal behaviour in 5% of her street youth sample. The modal education of grade 9 found in this study is consistent with the level of education found in other studies (Feitel et al., 1992; Hagan & McCarthy, 1997; Smart & Walsh, 1993). Overall, school problems have not received very much attention in the street youth literature much less studies that have focused on suicide in this population.

***Death/Loss of loved ones:*** Nine participants described the death of loved ones as being related to suicide. Previous research has found that a common psychosocial stressor for street youth is the death of significant person(s) (Feitel et al., 1992). To my knowledge no study on street youth suicide has identified this as a variable, though it would clearly add to the substantial amount of distress street youth already face (Whitbeck, Hoyt & Bao, 2000). It would also fall into the category of major negative life events which have been found to contribute to suicidality among adolescents (Sandin et al., 1998).

***Giving up:*** Thirty-three participants described 'giving up' as an important component of suicide in their experience and was described as a form of suicide. Within this category there was a range of meanings from 'can't handle it' which was closely related to the theme of helplessness and hopelessness, and 'don't care anymore' that was related more to the person regarding her/himself as worthless. Giving up as a result of suicide related suffering is an element that I have been unable to locate in the street youth literature on suicide. However, much has been written about the many dangers of street life both in terms of self-destructive behaviour and victimization (for review see Whitbeck, Hoyt & Bau, 2000). Thus 'giving up' or no longer struggling to survive is in that context very self-destructive, and would serve the purpose of suicide as a lethal escape from distress (Shneidman, 1993).

***Drugs and suicide - The toboggan ride:*** Drug addiction emerged as a major category and was linked to suicide by 53 participants. Drug use and abuse pervaded most of the categories and themes developed, and emerged as an element central or previously central to the lives of most of the interviewees. Drug use was described both as a way of coping with distress and a source of distress. Being addicted to drugs was closely associated with feeling trapped, worthless, hopeless, alone and suicidal. The social network existing among heavy drug users was described as superficial, and several spoke of having feelings of worthlessness related to having the identity of 'the addict'. Furthermore, hard drug use was spoken of as a process in which the person uses harder and harder drugs, feeling progressively more trapped, alone and worthless. One participant called it 'a toboggan ride off a cliff'. In this ride the person begins to give up, and their health declines as they overdose with increasing frequency in a 'slow suicide'. These understandings about suicide and drugs were limited to hard drugs such as crack and heroin, while using softer drugs such as alcohol and marijuana were regarded as a relatively positive coping mechanism.

Research into street youth substance abuse has revealed that street youth have a far greater incidence of drug abuse than the mainstream adolescent population (Bradley, 1997; Feital et al., 1992; McCarthy & Hagan, 1992; Melson, 1995; Webber, 1991), and the sociocultural environment of the street is thought to promote substance abuse (Baron, 1999). Substance abuse among street youth has been linked to an abusive/neglectful childhood (Schissel, 1997; Webber, 1991), and is viewed by street youth as a way of "killing" or reducing the emotional pain they are experiencing, specifically low self esteem, and depression, (Bradley, 1997; Webber, 1991). Drug abuse has also been linked to depression and suicidal behaviour among street youth (Molnar et al., 1998; Rotheram-Borus, 1993; Stiffman, 1989), and has been found to amplify the effects of childhood abuse and depression (Whitbeck, Hoyt & Yoder, 1999). Finally, overdosing appears to be the most frequent method of suicide attempt in this group (Molnar et al., 1998; Stiffman, 1989). Only Webber (1991) posited a direct link between perception of self as a drug addict and low self worth.

In recent years there has been a proliferation of research into the self-destructive nature of the drug abuser's lifestyle and the suicidality involved. High rates of mortality have been consistently found among individuals addicted to drugs with findings of mortality rates 5-30 times that of the general population (Best, Gossop, Man, Finch, Greenwood & Strang, 2000; Mino, Bousquet, & Broers, 1999; Rossow & Lauritzen, 1999). Overdose is the most frequent cause of death, but also found in high levels are deaths due to HIV infection, suicide, accidents and homicide (Kjelsberg, Winther & Dahl, 1995; Mino et al., 1999). A strong relationship has been found between substance abuse and suicidality, and it is thought that there is a dimension of suicidal intent lying behind overdoses (Best et al., 2000; Mino et al., 1999; Neale, 2000; Rossow & Lauritzen, 1999). In other words, there is a grey area between overdoses viewed as accidental or deliberate composed of vague notions of self-harm and suicidal ideation. In parallel, there is a dimension between a need to escape suffering through drug use and a desire to die (Neale, 2000). A range of findings have been generated regarding the percentage of overdoses thought to be deliberate, but generally it is believed that one quarter to one half of overdoses involve suicidal intent (Best et al., 2000; Neale, 2000). Further, as Rossow & Lauritzen (1999) have stated, drug addicts 'balance on the edge of death' as they engage in a constellation of highly risky behaviours.

The process of drug addiction is similar to that of suicide, and an almost identical profile of risk factors for the two behaviours is evident. In drug addiction there are usually predisposing factors (e.g., abuse), precipitating events (e.g., homelessness), and poor coping strategies (Kingsbury, 1993; Kjelsberg, 1995; Neale, 2000). Non-fatal overdoses are a major risk factor for fatal overdoses (Rossow & Lauritzen, 1999), and a greater risk of death is associated with those suffering from mental health problems (Kjelsberg et al., 1995). Also, social network problems play a role in overdoses and the suicidality that lies behind overdoses. Greater fatality is associated with an absence of family support and poor psychosocial functioning (Mino et al., 1999), and social disintegration often occurs over the course of the drug career

(Rossow & Lauritzen, 1999). As well, the person addicted to drugs has an increasingly difficult time functioning in work or educational settings (Rossow & Lauritzen, 1999).

The findings of the present study are consistent with the suicidal nature of drug addiction described above. Additionally, the phenomenon of 'giving up' found in the present study has been observed previously. Rossow & Lauritzen (1999) found that people who overdose on drugs are often careless or indifferent about their lives in a way linked with hopelessness and low self-esteem. Also, they found that those living a more marginalized existence such as street youth are at a greater risk for suicidal overdosing and have a more difficult time changing their drug-related habits in that social milieu. This finding falls in line with the narratives of several participants in this study who described their difficulties quitting hard drugs when most of their friends were using. Finally, there is the general risk of having a lethal means of suicide (drugs) readily available among vulnerable individuals (Neale, 2000).

***Social Stigma:*** Thirty-five participants spoke of the distressing experience of social stigma and related it to their experiences with suicide. The narratives described feelings of being trapped and worthless stemming from experiences ranging from violent exchanges with the police and difficulty finding an apartment to demeaning comments from people walking by. The participants stated that the public seldom regarded them as individuals but instead delivered hurtful and oppressive messages based on stereotypical beliefs.

Out of a total of 57 studies on street youth conducted in the past 15 years, including studies that focussed on suicide and other aspects of mental health, only one (Shissel, 1997) identified stigma as a variable. This finding is of note since this number represents every study I have been able to locate incorporating aspects of mental health and represents the majority of the general literature on the topic. Shissel (1997) focussed on the marginalization and stereotyping of street youth in the media and the institutionalization of false fears and beliefs about the danger they present to society which is confirmed by disproportionate arrest rates and harassment by police. He

viewed this 'moral panic' as an extension of the victimization many street youth suffered in their pasts and continue to suffer on the street. In the general homelessness literature, social stigmatization has received attention as a contributing factor in the traumatization of the homeless, and a contributor in the humiliation and degradation of homeless people (Goodman, Saxe & Harvey, 1991; Lankenau, 1999).

To place the findings of the present study in context, I turn to the general psychology literature on the topic of stigma. Crocker (1999) defined stigma as follows:

"A person who is stigmatized is a person whose social identity, or membership in some social category calls into question his or her full humanity – the person is devalued, spoiled, or flawed in the eyes of others."

The following discussion is drawn primarily from Crocker & Major's (1989) review of the literature on stigma and proposed theoretical model. There is a substantial body of research supporting the finding that stigmatized persons are disadvantaged in our society socially, economically, politically and psychologically. There are several theoretical camps that point to the negative effects stigma may have on self-esteem. Symbolic interactionists, typified in the work of George Herbert Mead and Gordon Allport point to the relatedness of self-concept to the appraisal of others. According to this view, when a person is evaluated negatively they internalize those views and in a similar way regard themselves negatively. The phenomenon of self-fulfilling prophecy was another major area of investigation that found substantial evidence that stigmatized individuals behaviour and thoughts about themselves, over time, become consistent with the negative expectancies of the perceivers. The third theoretical camp Crocker and Major (1989) identified was 'efficacy-based self-esteem'. According to this view, people who are stigmatized are denied opportunities to manipulate and control their environments. This inability to successfully interact with their environment leaves the stigmatized person with decreased self-esteem.



Contrary to the models proposed in the above theoretical positions, a large body of research has found that personal self-worth is not lower in most stigmatized groups (Crocker, 1999; Crocker & Major, 1989; Pinel, 1999). What has emerged is a more complicated understanding of the process of stigmatization. Recently, theorists have emphasized within-group variability (Crocker, 1999; Pinel, 1999), the meanings people give to situations in which stigmatization might be occurring (Crocker, 1999) and the protective coping strategies such individuals employ (Crocker & Major, 1989). Crocker & Major (1989) described three major coping strategies employed by stigmatized individuals that have been found to protect their self-esteem. First, self-esteem is preserved when the individual attributes negative feedback to prejudice rather than personal inadequacy. Second, self-esteem can be maintained by evaluating oneself with respect to other stigmatized in-group members which is far less threatening than out-group comparisons. Third, it is helpful if the stigmatized person places less value on domains in which their group fairs poorly and to value activities that they can do well.

The experiences of the participants of the present study do not, however, fall in line with the majority of the literature with respect to the impact of social stigma on self-esteem. The themes of worthlessness and being trapped support earlier theories that have faced criticism due to a lack of empirical evidence. These street youth spoke of how they internalized the negative messages to which they were subject. They also spoke of the negative impact stigmatization had on their sense of efficacy, which in turn was linked to feelings of worthlessness.

The particularly strong impact of stigma described by these participants can be explained when one considers the moderating factors proposed by Crocker & Major (1989). First, is the time since acquisition of stigma. When individuals have not had characteristics that have left them stigmatized since birth, they have not had as many opportunities to adapt and develop coping strategies related to that stigma. The second element potentially applicable to street youth is an acceptance of negative attitudes towards their group. Before coming to the street, these individuals would have been exposed to many of mainstream society's beliefs about drug addiction, poverty,

prostitution etc. Thus, negative stigmatizing evaluations are going to be more salient since they may, to a certain extent, share those beliefs. This was supported in the present study in the worthlessness some of the participants associated with being a 'drug addict' and 'street rat'. Third, studies have found greater internalization among people with non-concealable and socially disruptive stigmas such as street youth.

A fourth moderating factor acting against street youth is responsibility for the stigmatizing condition. As discussed previously, street youth are stigmatized for reasons that are largely thought to be the responsibility of the person (poverty, drug addiction etc.) (Shissel, 1997). Such groups are stigmatized to a greater extent than those not thought responsible for their conditions (e.g., birth defect). Fifth, is the centrality of the stigmatized identity to the person's self-concept. Those who associate strongly with the stigmatized identity can mobilize the coping strategies that are a part of having that identity. If they have internalized the stigma, however, this centrality can be more damaging. The centrality of being street youth in the personal identities of the participants in this study was not adequately assessed.

Another potentially damaging factor related to the street youth's ability to put protective mechanisms into place are the domains of value by which street youth are criticized. Cultural beliefs in the value of financial success, education, being 'drug-free' and appearance are very central beliefs in western culture and, as such, likely difficult to devalue. Crocker & Major (1989) also describe a destructive cycle of which street youth may be a part. It is as follows: blocked opportunities lead a person to devalue those opportunities to protect self-esteem, thus decreasing the motivation to attain these things. This leads the majority of people to think that street youth are incapable or not interested, justifying their prejudiced beliefs. No attention is paid to structural barriers. This could lead to beliefs such as 'street youth don't work because they are lazy', and 'women don't attain upper management positions because they are incapable and not interested'.

Two mediating factors may help protect street youth and could provide an area in which to focus interventions. First, when discrimination is blatant, it is easier to attribute to prejudice. As such, street youth might use this perspective of prejudice to help engage protective mechanisms. In other words, the discrimination is more easily identified and defined as a more global prejudice rather than more subtle forms of discrimination which are more difficult to see and fight against [e.g., person in a workplace feels left out and not welcome but cannot lodge a complaint for a lack of any open messages/actions of rejection]. Second, most street youth are fairly visible. This allows them to find and associate with others similar to themselves, and make in-group comparisons.

There are two final points that may be playing a role in the powerful influence of social stigma described by these participants. First, stigma has stronger effects on self-esteem among people who are vulnerable or already suffer from low self-worth and other mental health problems (Crocker & Major, 1989). This would be the case in the present study given the problematic backgrounds described by many of the informants. The second argument is my own. The stigma and social oppression that came out of the narratives of the participants in this study are at a level that likely far surpasses that of most other groups. This constant harassment cannot be escaped by 'going home'. The stories told by the participants are of a multi-levelled and institutionalized discrimination that is probably one of the more extreme forms to be found in North America. That this is imposed upon a group, many of whom are already vulnerable due to abusive backgrounds, leaves little wonder that stigma exerts a powerful effect. What is surprising is the complete neglect of this phenomenon in the research on street youth.

***Trauma and Stress of Street Life:*** In this section I have grouped a number of categories that were described by participants as being related to suicide, but were less central for the group as a whole. A number of stressors were raised in this context. Twenty participants spoke of the stress of not having any money, and 13 participants described living on the streets as a generally stressful experience. They spoke of the stresses of interpersonal conflict, risk of violence, and the street's 'stressful' nature. In

regard to subgroups and activities that put people at a greater risk for suicide, prostitution was spoken of as demeaning and traumatizing by 8 participants. Twelve informants spoke of the high risk of suicide among 'new runaways', or youths new to the streets who don't know the rules, are alone, and possibly from backgrounds that have left them ill-prepared for the harsh nature of street life. Finally, 3 participants spoke of how bad weather can make everything worse.

Financial problems have been identified as a major source of stress among street youth in the literature (Bradley, 1997; Hagan & McCarthy, 1997; McCarthy & Hagan, 1992; Schissel, 1997; Webber, 1991). Lack of money has been linked to low self worth in terms of the stigmatization of the poor (Webber, 1991), and in terms of the stressful means with which street youth gain money (various criminal activities, prostitution, pan handling etc.) (Hagan & McCarthy, 1997; Unger, Simon, Newman, Montgomery, Kipke & Albornoz, 1998; Webber, 1991). Additionally, lack of food and shelter has been linked to increased levels of distress, depression, and suicidality (Hagan & McCarthy, 1997; McCarthy & Hagan, 1992; Webber, 1991). Finally, the difficulty of getting off the street without financial resources has been addressed (Hagan & McCarthy, 1997; Webber, 1991).

The high incidence of violence on the street in the form of assaults and rapes is well documented in the literature (Hagan & McCarthy, 1997; Melson, 1995; Terrell, 1997). Further, Kipke et al., (1997) found that approximately half of his sample of street youth regularly feared the threat of physical and sexual violence. Street life is stressful in general, and the experience of running away itself is a major source of stress (Whitbeck, Hoyt & Ackley, 1997). This falls in line with the experiences of the participants as research has shown that those newly arrived on the streets are vulnerable, have yet to learn how to cope with the threatening surroundings, and face unpredictability in new social contacts (Whitbeck, Hoyt & Ackley, 1997).

The painful and traumatic descriptions of prostitution given by 8 of the participants in the present study are consistent with other research findings. Studies

have indicated that 16 - 46% of street youth become involved in prostitution at some point in their street careers (Kipke, Unger, O'Connor, Palmer, & LaFrance, 1997; McCarthy & Hagan, 1992; Schissel, 1997; Yates, Mackenzie, Pennbridge, & Swofford, 1991). The literature on prostitution reports high rates of childhood physical and sexual abuse (Seng, 1989). When compared to other street youth, individuals who engage in prostitution more frequently report histories of childhood abuse, particularly sexual abuse (Schissel, 1997; Yates et al., 1991). The day-to-day experiences of individuals prostituting themselves are equally bleak. Sexual and physical violence are common, they are an extremely high risk group for AIDS, and are frequently found to be suffering from posttraumatic stress disorder and depression (Earls & David, 1989; Farley & Barkan, 1998). Suicide among street youth working as prostitutes has received little attention. Yates et al. (1991) found that street youth involved in prostitution more often abuse drugs, and are more likely to have made a suicide attempt, and Seng (1989) found that children who engage in prostitution were more "potentially suicidal" than children who had been sexually abused but had not prostituted. Additionally, I found in my Masters thesis done with a group of young people, most of whom were involved in prostitution, that 76% of them had attempted suicide at least once (Kidd, 1999a). This attempt rate is roughly twice that found in other studies done among the more general street youth population.

Recently, Whitbeck, Hoyt & Bao (2000) building upon the work of Goodman et al., (1991) have proposed a trauma model to describe the effects of homelessness. They found that street victimization was their strongest predictor of depressive symptoms, substance abuse and conduct problems even when compared to abuse in family background. Consistent with Terrell (1997), Whitbeck, Hoyt & Bao (2000) found that women were more frequently victimized, especially in the domains of sexual exploitation and assault. They proposed that the effects of victimization on the street were exacerbated by the difficulty of coping with previous pre-street victimization. These findings are consistent with the high rates of post traumatic stress disorder (PTSD) among street youth (Feitel et al., 1992; Yates et al., 1988). Related to suicide, both acute and chronic stressors have been found to increase suicide risk in an additive

fashion in the general literature. Also, PTSD is a major risk factor for suicide, especially when co-occurring with depression (Ferrada-Noli, Asberg, Ormstad, Lundin & Sundbom, 1998).

Trauma has not been directly linked to street youth suicide, though three key elements of trauma and suicide from the general literature point to a greatly increased risk (See Adams & Lehnert (1997) for a review on the literature on suicide and trauma). First, is the severity and number of traumatic events (high among street youth). Second, is the recovery environment (poor in the case of street youth where social support is questionable and there is continued risk of further traumatization). The third factor is the individual (many street youth already have mental health problems and histories of earlier victimization). This theoretical model supports the finding in the present study of the traumatic nature of the lives of many street youth as forming a major part of their beliefs about suicide.

### Suicide.

*Suicide Attempts:* Forty-six percent of the participants reported having attempted suicide at least once. The attempt rate for females was 58% and for males 39%. This difference is not statistically significant, primarily due to the small number of participants. These attempt rates are consistent with the higher suicide attempt rate findings of previous studies (Adlaf et al., 1996; Mundy et al., 1990; Sibthorpe et al., 1995; Smart & Walsh, 1993). Drug overdoses and slicing of the wrists/arms as the primary means of attempt are also consistent with previous findings (Rotherham-Borus, 1993; Stiffman, 1989).

Twenty-seven percent of participants stated that they had been suicidal both before they came to the street and while on the street, 23% reported being suicidal only at home, and 10% reported being suicidal only after they came to the street. This finding has three implications. First, is the well-documented and previously discussed problematic home environments of most street youth. These findings indicate that a substantial proportion of these participants remember their lives before coming to the

streets as being distressing enough to have left them wanting to end their lives. Second, is the question of in what environments street youth internalized suicidality as a means of coping with distress. According to the narratives of most of those who reported a history of suicidality, they had become suicidal before coming to the streets. This suggests that the schema of *suicidality in response to stress/distress* is, for most street youth, one internalized and developed before coming to the street and brought to the street as a coping response to the problems they face in their lives on the street. The third point concerns the research designs of studies on street youth suicide. To my knowledge no study has looked at the environments in which street youth report being suicidal. This oversight could be a threat to the validity of those studies. The present study indicates that many street youth were suicidal *only* before coming to the street. Such youth may be different from those who are suicidal on the street. This may be an important variable that is masked in other studies on street youth suicide. I ran comparisons between these groups along the categories and themes that emerged and found no substantial differences (i.e., greater than 20%). Comparisons, however, are not a strength of the design of this study and would be better examined in quantitative studies which have the consistency and control that would allow for more refined measures. Including an assessment of when street youth report being suicidal (e.g., only before coming to the street) as a variable could potentially help improve our understanding of the phenomenon and may help develop validity in future studies.

In addition to the above findings, the present study has highlighted a potentially major flaw in the research conducted thus far on street youth suicide. Here, I am referring to the difficulties surrounding the term 'suicide attempt' discussed in the Introduction. The studies on street youth, thus far, use as their measure a dichotomous self-report of past suicide attempt(s) (Greene et al., 1996; Molnar et al., 1998; Sibthorpe et al., 1995; Stiffman, 1989; Yoder, 1999; Yoder et al., 1998). None of this research has made any inquiry into the intent to die among those who responded affirmatively to having attempted suicide. This has been identified as a major conceptual and methodological flaw in studies on suicide (Linehan, 2000). By merely asking if the person has ever attempted suicide, two major domains in which error may occur are left

open. First, a heterogeneous group can be lumped together as suicide attempters when some may indicate that they had attempted suicide when they had no intention of dying as a result of the action (Linehan, 2000). Such individuals did not, in fact, attempt suicide as it is defined in the literature: "An action resulting in nonfatal injury, poisoning, or suffocation where there is evidence (either implicit or explicit) that the injury was self-inflicted and the person intended at some level to kill him- or herself." (O'Carroll, Berman, Maris, Mosicke, Tanney, & Silverman, 1996). Additionally, none of the studies on street youth suicide that I have located separate multiple suicide attempters from those who had attempted suicide only once. This was done despite a large amount of evidence that multiple attempters have a greater number and severity of problems and may represent a substantially different type or group of individuals (Sakinofsky, 1998). Thus, assessment of suicidal intent as well as multiplicity of suicide attempts should be included as variables in future studies.

A second domain of potential error also arises from the lack of attention to suicidal intent. Above, I discussed the risky lifestyles on the street and how frequent overdoses and risk behaviours were described by many participants as a 'slow suicide'. It is questionable whether such individuals engaged in that process would indicate that they have/are attempting suicide. Yet they are engaged in suicide-related behaviour of which, according to Rudd (2000) there are three essential elements: 1) Outcome (i.e., injury, no injury, or death). A case has already been made for the injurious and often fatal outcomes of such behaviours. 2) Evidence of self-infliction. Overdosing and placing oneself in situations where harm is likely support this criteria. 3) Evidence of intent to die by suicide (i.e., both implicit and explicit intent). Many participants spoke of how the slow-suicide lifestyle is one knowingly approached as a way of escaping distress. The major difference from traditional understandings is the time involved. Slow suicide is an event lasting months and possibly years. This, again, points to the importance of a more in-depth assessment of suicidality than has been done in previous studies of suicide attempts among this population.



In summary, theorists in recent years have been calling for more refined measures of suicidal actions and intent (Linehan, 2000; O'Carroll et al., 1996; Rudd, 2000). Though not a priority in the present explorational study, for current researchers of the phenomenon of street youth properly operationalizing their dependant variable is crucial. Error variance and the questionable construct validity may have resulted from their narrow measures of what they have called suicide attempts.

***Suicides of Others:*** This section serves to bring together a number of the participants' beliefs about the suicidal behaviours of street youth. These took the form in the interviews of summary statements or conclusions drawn from the participants experiences. The meanings derived in this section are for the most part similar to what Shore (1996) called observer models. These are cultural models in which the person takes an objectivist observational role of their social world rather than one framed in their subjective experience. Also, in this line of questioning, I made an attempt to get a sense of how meanings of suicide are communicated among street youth.

The first area explored was the participants' sense of how much suicide is happening among youths on the streets. Sixty of the participants reported that they had heard of suicides happening on the streets and had a sense that suicide was a problem for street youth. Questions were posed, however, about the nature of suicides and suicide attempts. Participants spoke of the difficulty of knowing whether a death was a suicide or an accident. As well, they described how people often disappear on the streets and it was difficult to know if they had died, been arrested or simply moved without telling anyone.

The finding that street youth hear about suicide on the streets is not particularly remarkable. That 23 participants described the painful experience of losing someone close to them to suicide is an important finding. This can be compared with the general Canadian population as follows. For the sake of comparison, the higher male rate (20/100,000) of completed suicides is used (Sakinofsky, 1998). If each of these people who committed suicide had in their lives as many as 50 people that could loosely be

called 'close', roughly 1% of the Canadian population should be able to say that they had lost someone close to suicide. That 28% of the participants in this study spoke of losing someone close to suicide speaks to problems in their social environment and has implications for their mental health. It has been previously noted that high numbers of street youth report suicide attempts among family and friends (Stiffman, 1989), and having a friend who had attempted suicide has been found to be a risk factor for suicidality among street youth (Yoder, 1999). Further, it has been found that being exposed to the suicide of significant others is a predictor of adolescent suicide (Stoelb & Chiriboga, 1998). It can be concluded, therefore, if the experiences of the participants of the present study are representative that suicide is a salient experience in the backgrounds of many street youth and they are placed at a greater risk because of that exposure to suicide. This exposure to suicide could contribute to the internalization of the model of 'suicide in response to distress', a part of the phenomenon of suicide imitation to which adolescents and young adults are particularly vulnerable (Grossman & Kruesi, 2000).

The general beliefs/opinions of street youth about suicide is an area not previously addressed. One set of opinions surrounded the question of the intent of suicide attempters and the behaviours of those who complete suicide. Six participants spoke of their irritation and anger with those who attempt suicide and talk about suicide. They felt that such individuals were *merely* trying to get attention. A few of these participants went so far as to relate stories in which they encouraged such individuals to commit suicide and offered to provide the means of suicide. Such a perspective could potentially contribute to the number of suicides on the street given the enormous amount of evidence that adolescents who attempt suicide are at a far greater risk for completed suicide (Pagliaro, 1995). The second understanding, given by 8 participants, was that those who complete suicide do not speak about their suicidality beforehand. This view is supported by the literature that suggests that those who complete suicide less frequently engage in coping activities such as help-seeking than suicide attempters who survive (Sandin et al., 1998). This is another belief that could be dangerous. If street youths intend to kill themselves they may access the belief that those who are

'serious' do not speak about it. This would place them at a greater risk as they may then be less likely to be identified by friends and others who could potentially intervene.

The final set of beliefs to be discussed here are the negative opinions of suicide described by a number of the participants. Eleven participants thought that suicide was a 'stupid thing to do', and 14 felt that suicide was the 'easy' or 'cowardly' escape from their problems. These beliefs were held both by those reporting a history of suicidal behaviour and those who did not. Such negative views of the act of suicide may help these participants seek other ways of coping with distress. This finding is supported by the research indicating that countries with more negative attitudes towards suicide have lower suicide rates (Stack, 1996).

If and how street youth communicate about suicide among themselves is a question that the present study was unable to address. Future studies would do well to look at this as such findings might help in the development of suicide prevention programmes that could counter destructive communicatory processes and develop constructive ones.

### Coping.

***Interpersonal Resources:*** Peers were described by 20 participants as being very important in their coping with the stresses of life on the street. They spoke of how from friends they obtained emotional support, safety, were taught how to survive on the street and were confronted by friends when they engaged in highly self-destructive behaviours. Friends left them feeling less lonely, increased self-esteem and helped prevent them from becoming trapped in situations such as addiction to hard drugs. The importance of this support was, according to the participants, heightened in the case of intimate relationships. Peer support is particularly important for adolescent coping and development (Whitbeck, Hoyt & Bao, 2000), and becomes even more vital in the case of street youth who have often broken ties with family and other similar sources of support (Bao, Whitbeck & Hoyt, 2000; Unger et al., 1998). In the street youth literature, having friends has been inversely correlated to depression (Smart & Walsh,

1993) and has been found to be an important factor in their survival on the street (Bradley, 1997; Kipke et al., 1997; McCarthy & Hagan, 1992). Social support has, in the general adolescent literature, been identified as a major protective factor against suicide (Sandin et al., 1998).

A finding not discussed in previous studies was the importance of remaining family contacts for the participants. Ten participants spoke of the importance of family, with several citing family relationships as the only reason that they had not killed themselves. This finding points to the potential importance of establishing supportive contact with at least one family member if such a situation is viable for a given person.

Conversely, 9 participants described their social experiences on the streets very negatively. They spoke of how people pretending to be friends can be coercive and abusive leaving them feeling alone, worthless, and trapped in situations into which they had been lured in a predatory fashion. Similar themes applied to negative experiences in intimate relationships. The potentially negative impact of 'friends' on the street has recently been examined by Whitbeck, Hoyt & Bao (2000) (also see Bao et al., 2000). They spoke of how the strong need to quickly form friendships on the street leads street youth into relationships in which they are often coerced and manipulated by street 'predators'. Even when they are not actively used/manipulated, their association with peers engaged in destructive coping strategies (e.g. drug abuse) leads newcomers to adopt similar behaviours. Additionally, Bao et al., (2000) found that youth who came from abusive backgrounds were more likely to enter into destructive relationships on the street.

***Intrapersonal Resources:*** Several values/beliefs about the self emerged as coping strategies and protective against suicide. First, 14 participants spoke of a need to develop self-worth by valuing the self and being less reactive to the negative judgements of others. The less reactive element was regarded as being protective against the stigma they face. Thirteen participants spoke of the need to look to a positive future, and 15 spoke of how much they had learned through their struggles and

had developed pride in their self-reliance. Anger and non-conformity arose as beliefs/feelings that combated suicidality, as did a sense of spirituality and/or belief in a higher power. With the exception of anger/non-conformity, these coping beliefs have been previously found among street youth (Lindsey, Kurtz, Jarvis, Williams, & Nackerud, 2000). The literature on coping would describe the above as emotion-focussed. Such coping is often engaged in the face of a large amount of stress, and may be less effective when used as primary coping mechanisms since they have been linked to individuals with higher levels of depression (Lazarus & Folkman, 1984; Thoits, 1995; Unger et al., 1998).

More effective coping has been termed problem-focussed as it seeks solutions to the source of stress and is more likely to get the individual out of the stressful situation (Lazarus & Folkman, 1984; Unger et al., 1998). This type of coping emerged in the present study as a way of counteracting the central problem of feeling trapped. Twenty-three participants spoke of their development of a sense of agency in their lives and a perception of having options as crucial to their ability to cope. This may be emotion-focussed coping since the present study did not assess what they actually *did* to cope. Indeed, many of the coping activities described by the participants (hang out with friends, smoke pot, go off by themselves) did not appear to be problem focussed. This may be reflective of the magnitude of the problems faced, and the limited availability of resources which tends to lead people to engage more in emotion-focussed coping (Thoits, 1995).

***Developmental Issues:*** In the recent literature there has been an increasing amount of attention paid to the developmental impacts in the lives of street youth (Bao et al., 2000; Lindsey et al., 2000; Smollar, 1999; Whitbeck, Hoyt & Bao, 2000; Unger et al., 1998). Four characteristics have been identified as being crucial in fostering positive development. These are a sense of industry and competency, a feeling of connectedness to others and to society, a sense of control over one's fate in life, and a stable sense of identity (Smollar, 1999). Industry and competency are complicated elements in the lives of street youth. Most were denied this in their problematic

backgrounds, but may achieve it relative to their homeless peers by being successful pan-handlers, survivors etc. (Smollar, 1999) The problem is that such skills are not valued by mainstream society in which they are judged regularly as incompetent and unindustrious (i.e., being told they are lazy and worthless).

Developing a sense of connectedness is greatly impeded by abusive and neglectful family experiences (Wagner, 1997). This is thought to be manifested in the street youths' need for attachments leading them into social situations in which they are manipulated and, thus, making them vulnerable to predators who lure them with the sense of connectedness they seek (Smollar, 1999; Whitbeck, Hoyt & Bao, 2000). It may also be a factor in the difficulty some youth have in leaving the street where they might have found a sense of closeness that they were denied in their pasts (Smollar, 1999). Problems related to connectedness may be evident in the present study in the theme of loneliness that arose as closely related to suicidality.

Youth who come from problematic backgrounds are often denied the opportunity to form a sense of control over their lives (Wagner, 1997). It may be that in escaping to the streets they are attempting to regain that sense of control (Smollar, 1999). The problem, and one that is pre-eminent in the narratives of this study, is that the streets are perceived as trapping and the subsequent feelings of helplessness were tightly linked to suicide. It is likely that the problematic backgrounds described by many participants contributed to their vulnerability to becoming 'trapped'.

Smollar (1999) spoke of how street youth likely have not formed an identity before coming to the street, and their formation of a 'street identity' is an impediment to their entering productive adulthood. I do not believe that this is necessarily the case. First, forming a street identity may be psychologically beneficial as the stigma literature indicated. Perceiving oneself as a part of a group can be protective (Crocker & Major, 1989). Second, is the obvious value judgement that having the identity of a street youth in some way bars potential productivity. As many participants said, they had learned a great deal through their experiences. Having been pushed out and held out of

mainstream society for most of their lives, forming a mainstream identity, whatever that is, is likely impossible. As the literature on stigmatized groups suggests (Crocker & Major, 1989), it would be more beneficial for them to embrace such an identity which would help them to cope, reduce self-destructive elements, and to be productive from within that identity.

The major point to be gained here is that street youth are vulnerable from developmental and coping perspectives. These problems are cumulative (Whitbeck, Hoyt & Bao, 2000), beginning in problematic family backgrounds and are manifested in social, psychological and coping problems in later life. Most street youth come to the streets deprived of many of the social experiences necessary to lead a satisfying and functional life. They then face enormous stresses, barriers, and dangers in street life that can be insurmountable for individuals with few resources and further contribute to developmental problems. Though not adequately elaborated upon in this study, the four characteristics related to positive development discussed above (industry and competency, connectedness, control over one's fate in life, identity), can all be found in varying degrees across the categories and themes of this study. These four domains may prove to be the *most* central themes in future, more in-depth work and likely represent a fruitful domain for further examination of the problems street youth face. Stated differently, the current theoretical framework emerged from a pure inductive approach. If, however, one was to use the above four characteristics in a deductive fashion, they would be readily found in the material generated in this study.

***Agencies and Professionals:*** Several participants reported having very negative experiences with helping agencies and professionals. Nine participants spoke of the Children's Aid Society as having contributed to their abusive and unstable pasts, 5 participants spoke negatively of mental health professionals, and 5 reported poor experiences with the welfare system. Such negative impressions have been found in previous studies (Bradley, 1997; Webber, 1991). This is noteworthy since having a negative understanding of the available resources may contribute to their feeling of being trapped on the street and hopeless, and hence suicidal. Such a hypothesis is

supported by Stiffman's (1989) finding that over one-half of her sample of suicide attempters never received any form of professional help after their attempts. This is consistent with the general population of youth suicide attemptors, the majority of whom do not seek medical or psychological help (Grossman & Kruesi, 2000).

***Re: Mental Illness – A Notable Absence:*** Given the substantial amount of discussion and investigation into the high levels of mental illness observed among street youth (Buckner & Bassuk, 1997; Feitel et al., 1992; Whitbeck, Hoyt & Bao, 2000), it is notable that not one participant identified mental illness (in the clinical sense) as a problem for themselves or street youth. As extensively commented upon above, most identified problems they had and were facing in their lives and negative feelings and situations arising out of those problems. None, however, spoke of mental illness as being a cause of their difficulties. This presents a clear divergence between the interests and thoughts of street youth regarding their situation, and the focus of many researchers in the area. It is possible that the negative attitude towards mental health professionals commented upon above, and the severity of the situational stressors are related.



## Chapter 11: Comparison With Pilot Study and Theoretical Synthesis

### Comparison with pilot.

**Demographic Differences:** The group interviewed in the present study differed from those in the pilot study on a number of demographic domains (see Table 7 for comparison of selected demographics). The two major general differences were source of income and living arrangement. At least two thirds of the participants in the pilot study had been involved in prostitution while only 4% of the participants of the present study reported involvement in the sex trade. The primary source of income for individuals in this study was pan-handling and/or squeegeeing. The second major difference was that while three-quarters of the participants of this study reported living on the streets, only half that proportion of the pilot study interviewees had no form of shelter.

Table 7

### Comparison of Selected Demographics of Pilot Study

Demographic	Current Study	Pilot Study
Prostitution-Involved	4%	>61%
Living on the Streets	73%	35%
Median Age	19	22
Median Education (yrs.)	9	11
History of Suicide Attempt	46%	75%

**Major Theme/Category Differences:** Two substantial differences exist in the histories described by the participants of the two studies. The participants of the previous study reported histories of sexual and physical abuse more than twice as often as those of the present study. Additionally, 75% of the pilot study participants reported having attempted suicide as compared to 46% in the current study. One previous study

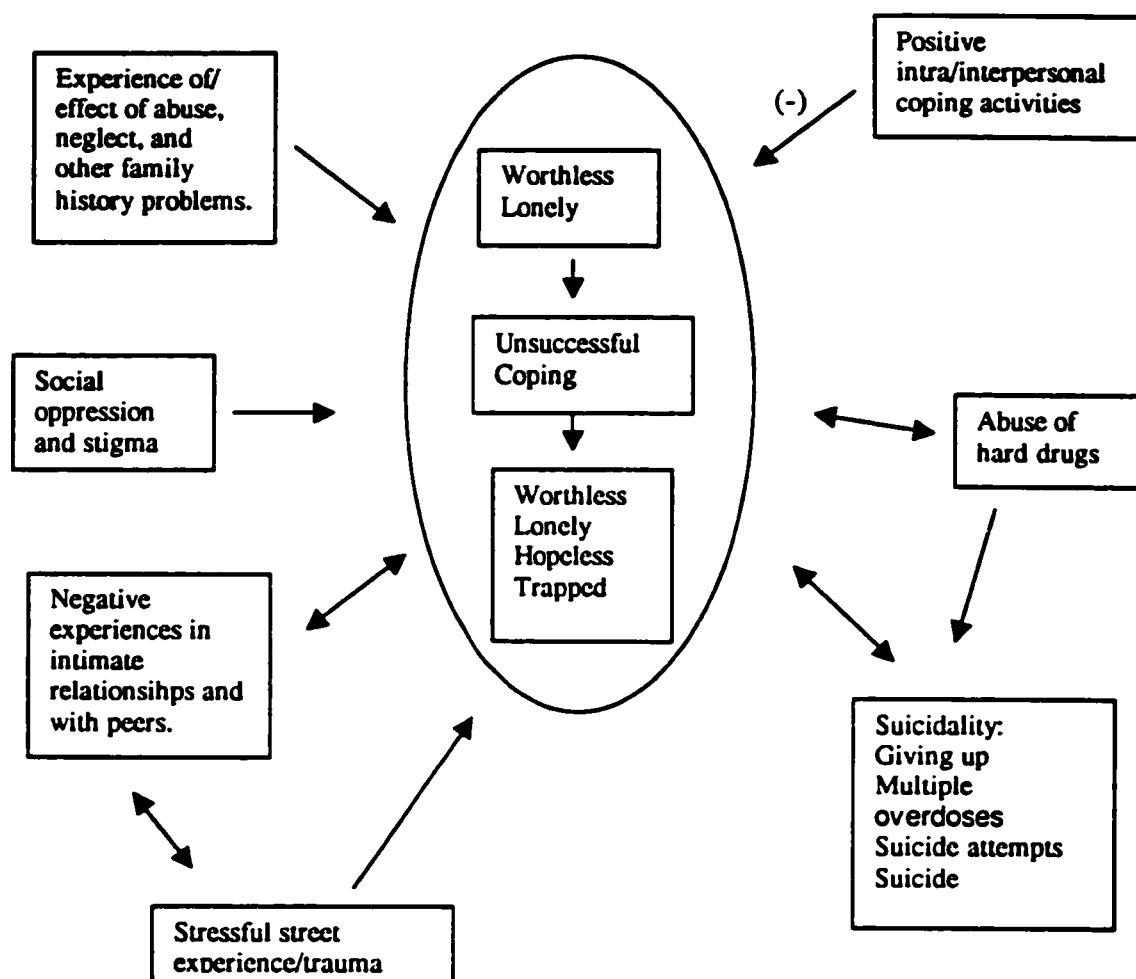
has engaged in a similar comparison (Yates et al., 1991). Similarly, that group found that street youth involved in prostitution more frequently reported abusive family histories and found a comparable difference in suicide attempt rates. They also found higher levels of mental health problems and drug abuse among street youth involved in prostitution. Such differences are likely attributable to the more abusive pasts of prostitution-involved youth and the traumatic nature of street prostitution.

There was one major thematic difference between the suicide narratives of these two groups of street youth. For both groups worthlessness was a central theme along with hopelessness and aloneness. In the pilot study aloneness was associated more with rejection/betrayal. The major difference was in the emphasis of the themes. In the pilot study, worthlessness was the most central theme. A category that emerged in that study as more peripheral to worthlessness was called 'lack of control' or powerlessness. The present study's finding of being/feeling trapped as the crucial factor leading to suicide was not found in that study. Neither was the related category of social stigma. Thus, it would appear that for the present study's participants, feelings of being trapped and social stigma are more central components of distress as compared to prostitution-involved street youth. This may be due in part to the large amount of contact the present study's participants have with the public. Another contributing factor may be living on the streets and having generally lower income levels which may account for more of them feeling trapped. Powerlessness for prostitution-involved street youth was associated more with experiences with assault, for which they are at a greater risk (Yates et al., 1991). Finally, the more abusive pasts described by the pilot study participants may have shaped their experience of distress differently. Given the implications such findings have for those working with street youth, further research should be done on such differences. This suggests a need to examine subgroups of street youth separately, something that has seldom been done in the street youth literature.

### Theoretical synthesis.

The theory that emerged from the narratives of this study are presented graphically in Figure 1. The second phase of this research programme, though dependant upon funding and career plans, will involve testing this model using quantitative methods. Structural equation modelling (SEM) would likely be the best design and method for statistically testing this model. In recent literature, qualitative researchers have recognized the strength of statistical methods such as SEM in the testing of theory derived from qualitative analyses (Maxwell, 1998). Such a combination of inductive and deductive investigation would be the culmination of a research project of which this dissertation is the first half (Glaser, 1992). The model proposed will be described briefly (for a full description refer to results section), and linked to existing theoretical models of suicidal behaviour. I feel an important point must be made before the model is discussed. Much of the method and philosophy of psychology would emphasize this model and the categories described above as the most important part and culmination of this study. Such a view would, however, misrepresent the views and interests of the participants. As one young woman interviewed said, "suicide is a very personal thing...I don't know how you could generalize it". To the participants of this study, and to me, their stories are the most important and powerful parts of the project. As I was reminded of this point in the verification feedback, I likewise place this reminder here for the reader.

Figure 1: Theoretical Model



\*Note: for the sake of clarity, all potential interrelationships are not graphically represented.

According to this model, the emotional experiences linked to suicide are feelings of worthlessness, loneliness, hopelessness, and most centrally the feeling of being trapped. Feeling trapped refers to the individuals *entire* experience. The suicidal street youths, according to this model, feel trapped in their environment and trapped in their

negative understandings of themselves and their world. Elements feeding into these negative feelings are memories of troubled and abusive pasts, experiences of social stigma and oppression, and negative experiences, social and otherwise, on the streets. Naturally, they try to alleviate this distressing situation. Positive coping strategies are available and were identified by the participants. Such activities can act to alleviate their distress. Negative coping is also prevalent and leads to further distress and suicidality. Negative coping is particularly salient for street youth whose social opportunities are limited by society at all levels, individual and institutional, and through limited interpersonal resources (little if any family support, dysfunctional relationships). Also, an abusive and traumatic history further hampers some youths' ability to engage in positive coping activities. Finally, hard drugs and the self-destructive lifestyle related to their use is readily available if not encouraged on the streets. Relief, for a suicidal street youth, is then sought through a range of self-destructive activities ranging from hard drug use, engaging in risky activities, and suicidal behaviour ranging in lethality. The last point is the 'toboggan ride' nature of this process. Participants described it as catalytic or exponential. Since each of the destructive and distressing elements are interconnected, as more of them get engaged with greater intensity, the distress is greatly increased. As the distress level grows so does the need to escape it.

This model as presented thus far, however, is not adequate. The major limitation is that it centres itself around the distressed and suicidal individual. Attention must be called to the ways in which our society and the cultural messages contained within that society contribute to the problems that are making these young people seek relief in self-destruction. Many street youth are born into a process in which they are subjugated and socially defined as deviant. Abusive, neglectful and unstable early experiences start this process. That so many street youth come from such backgrounds and suffer the social and psychological outcomes of those environments points to society's failure in the role of protector of its children. For seeking to escape those painful and demeaning environments such youth face further punishment. They are stigmatized on the streets, criminalized, devalued and blamed for their circumstances.

Society throws them into jails, and collectively turns a blind eye as these young people suffer and die while we sit back and watch. Our conceptualization of street youth based on stereotypes and beliefs in the freedom of the individual, maintained through a shutting out of their voices, allows us to comfortably condemn them.

The majority of the research on street youth mental health has been primarily descriptive, at most, examining correlations of risk factors. In the past few years, however, one group of researchers has proposed a theoretical model for street youth depression, risk, and suicidality (Bao, Whitbeck & Hoyt, 2000; Whitbeck, Hoyt & Bao, 2000; Whitbeck, Hoyt & Yoder, 1999; Yoder, 1999; Yoder, Hoyt & Whitbeck, 1998). They describe their theoretical conceptualization as the 'risk-amplification model'. What they have proposed is a model in which there are a number of crucial risk factors for suicide and depression and youth that possess more of these risk factors are at greater risk. They expand upon this accumulation of risk factors to propose the youth most at risk progress through a developmental pathway in which each successive risk factor is developed from prior risk factors. According to their model, the highest risk youth would have a background as follows. Coming from an abusive family background, they are more likely to run away, and spend more time alone. They, then, are likely to have deviant peers, abuse substances, be victimized on the streets, have fewer positive relationships, and little family contact. The net result of all of these factors is an increased risk for depressive symptoms and suicidality. In these pathways to risk, those who have been sexually abused, sexually victimized, who are internalizers with low self-esteem and depression, and have high levels of suicidal ideation are at a greater risk for suicide attempts. Knowing a friend who attempted suicide was also a predictor, and they posit that for such youths suicide as a coping mechanism is more salient. The fundamental element of this theory is that youth with more abusive family histories and histories of maladaptive behaviours engage in a lifestyle on the street that exacerbates negative behaviours and interaction styles (see Bao, Whitbeck & Hoyt, 2000; Whitbeck, Hoyt & Bao, 2000; Whitbeck, Hoyt & Yoder, 1999; Yoder, 1999; Yoder, Hoyt & Whitbeck, 1998). These researchers recommend intervening as early as possible to curb destructive developmental pathways.

The theory derived from the stories of the street youth in this study has much of the same *content* as the perspective described above (differences in theoretical framework are discussed shortly). Many of the finer distinctions have been discussed throughout the body of this work: need for a broader understanding of suicidal behaviour; looking at *their* idioms of distress rather than the generic 'depressive symptoms' etc.. Two finer distinctions not discussed thus far are victimization and deviant peers. Street victimization was not brought up as a major category in this study. It is impossible to say if this is due to the nature of the interviews or of the street experiences of the participants. The participants in the pilot study, however, brought up victimization as often preceding suicide attempts. This may be due to their involvement in prostitution, an activity that increases their risk for victimization (Yates et al., 1991). It is possible that street victimization was subsumed or related to other variables more central to the participants' understandings of suicide. Being manipulated by friends, however, was related to suicide by the participants and could be regarded as a form of victimization.

These researchers' use of the concept of 'deviant peers' is questionable. According to their definitions of deviant peers as youth with substance abuse problems, who have committed assault, been involved in prostitution etc., it would be difficult to find any youth on the street who are not 'deviant'. Given that street youth are able to establish supportive relationships with their peers, and not all would be considered destructive, a finer distinction needs to be made. Perhaps identifying the qualities of street youth who make supportive friends, and emphasizing contact with those youth as protective is an important step. Additionally, given the importance the participants placed on having other street youth as helpers, finding a solution within the system is more realistic than a *carte blanche* categorization of most street youth peers as deviant. This is aside from the negative and potentially destructive use of this term.

The final point, and one emphasized earlier, is that the existent theory is posited within a social vacuum. For street youth, their social reality has a substantial impact on

their mental health. By conceptualizing the problem using a sociocultural framework another large domain for intervention is opened beyond those focussing on the individual. It is my view, and that of many participants, that efforts to address the problem of street youth suicide separated from the sociocultural perspective that is a major contributor to that problem, and ignoring the cultural elements involved are doomed to inadequacy and failure.

### Shneidman's Theory: A Closer Fit

Though similar in content to the theory of street youth suicide developed by Bao, Hoyt, Whitbeck and Yoder (risk-amplification model), the theoretical framework derived in the present study is substantially different. Their theoretical framework essentially involves organizing risk factors onto a temporal framework, creating a developmental model which embodies several pathways that result in a range of levels of suicidality and risk. This is a theoretical model that is held from the perspective of the observer. In other words, the observer tallies up a number of characteristics from the pasts and current lives of a given person and predicts how likely they are to be suicidal depending on what developmental pathway best fits them.

It is not surprising, given the methodology of the present study, that the theory derived is situated within the perspective of the suicidal person rather than the observer. The focus is on experience rather than causation. Rather than being the passive object moving on a given trajectory due to past events, the person's active construction of their experience is the central element in this theoretical model. In this respect, although the content of the theory developed in this study is similar to that of the 'risk amplification model', the theoretical design is more like Edwin Shneidman's (1993) perturbation theory of suicide.

According to Shneidman, suicide is the result of a high level of perturbation. Perturbation is a combination of emotional pain and the perception that there are few options available for relieving that emotional pain. The person reaches a point where that emotional pain is intolerable, perceives suicide as the best or only option and then



engages in self-destructive actions. It is here that Kral (1994) contributed the notion of suicide as a lethal 'idea' about how to reduce their level of perturbation. The theoretical model I have proposed is similar to having taken Shneidman's general framework and placed street youth experience within that framework. The pivotal theoretical similarity is that when the street youth feels trapped, both with their emotional pain and in their life experience, and they feel that they cannot tolerate that pain any longer nor find any form of relief, they become motivated to end their lives. In other words, they have a high degree of perturbation built from both negative home and street experiences, and have internalized the idea of self-destruction/suicide as a way of reducing that perturbation.

In terms of utility, models such as Shneidman's and my own are of maximum use in working within an individual's experiential world. An example of such work is psychotherapy. There is also the large amount of information to be gained when a person's experiential world is accessed as evidenced by the previously unexamined variables generated in the current study. In contrast, models such as that of risk amplification described in the previous section are of use in helping develop understandings that could not be gained if one was to operate solely within the person's experiential world. In other words gain access that a person cannot speak to, but are better addressed by referencing the person to a broader group such as can be done with a depression inventory.

#### A Suggestion for Future Work

The theoretical model developed in this study has increased our understanding of the various variables and processes involved in the problem of suicide among street youth as has been extensively commented upon in previous sections. Additionally, however, there are domains that did not emerge (or only in a limited sense appeared) in the current study that have been extensively commented upon and examined in previous work. Examples of these are criminality, victimization, mental illness and personality factors. The present study was also limited in its examination of pre-street experiences and how they are related to street career and mental health. In future models, including

the above factors as well as the findings of the current study would likely help in developing the fullest picture of the phenomenon of street youth suicidality. Such a design would likely involve both qualitative and quantitative measures in an effort to make use of the strengths of standardized assessment while not being limited to the narrowness of focus that can result from a continuous program of purely deductive research.

## **Chapter 12: Plan of Action**

There are four major groups that will be approached with the findings of this study. These are potential helpers, researchers, the media, and the government.

### **Helpers.**

An abbreviated, intervention-focussed version of the findings will be sent out to street youth services across North America. These will be accompanied by a letter encouraging the recipients to photocopy the guide and distribute it to anyone they feel could use it. Additionally, I am going to design a brochure for street youth to be sent along with the intervention manual. They will be encouraged to place copies of this brochure in a public area. The main suggestions for helpers are as follows:

***Warning signs:*** A large body of evidence points towards a history of abuse and neglect as a major risk factor. Though most people who have been abused do not commit suicide, it is nonetheless important to access family history if possible. Attention must be paid to the youth's social world. Have they just broken up with a partner? Are they in an abusive relationship? Do they have few friends, or are the friends they have superficial and using them? Have they had a rough time recently when people have treated them very poorly (e.g., spit on, turned away from jobs or accommodation). Drawing more on other research, finding out if they have been victim to sexual or physical assaults on the street is likely important.

Crucial to listen for is how they are experiencing their distress. Are they feeling worthless and alone? Most critically, are they talking about feeling trapped and hopeless? Hearing the youths describe their experiences in this manner may indicate someone at risk. Finally, paying attention to how they have been handling their problems is important. If they are using hard drugs (heroin, crack, PCP, crystal meth, etc.), and they are getting more and more addicted, they may be in the process of ending their lives. In other words, are they saying that they have given up? All of the above elements will be incorporated into a discussion of common warning signs in the material provided to the agencies and street youth.

***Coping messages and beliefs:*** It will be extremely important for the general stance of the helper to be non-judgemental. Street youth, with their experiences of having been stigmatized and devalued will be very sensitive to personal judgements. Coping strategies should focus on building self-worth and empowerment. Work should be done to help the youth to value themselves, be secure in their beliefs and less reactive to the views and expectancies of others. The stigmatization they face at the hands of mainstream society should be framed as prejudice and stereotypical beliefs. This may reduce the personal impact of society's negative responses towards them. Also, they should be helped in the development of understandings of self-sufficiency, belief in personal ability, and the ability to see and create options and choose whatever options are best. Part of this will involve introducing a temporal tone, stating that while things may seem bad now, they can improve. Emphasizing any progress would likely help. This work may act against feelings of being trapped and hopeless and, in turn, suicidality.

Another major area to develop is a sense that they are strong for having survived problematic family experiences and life on the street. Elements of self-sufficiency and independence should be emphasized. Related to this point, anger and non-conformity may serve as a refuge, if only temporarily, from feelings of depression and hopelessness. Although it would be necessary to try and direct this anger and defiance towards activities that are not self-defeating. Finally, spirituality may be a protective factor. Discussion of spiritual beliefs and activities should be explored non-judgementally and how they may be helping that individual highlighted.

***Coping activities:*** Helping these youth in the formation of non-coercive/abusive relationships and friendships will be important. This will probably involve having to distance themselves from some good friends who are a part of a social milieu that encourages self-destructive activities as a means of surviving/coping. Also, helping them work through drug addiction may be a crucial component. In this area, though, the work should not be undone by stressing that they must quit all substances (e.g.,

marijuana, alcohol). As is the case in all of this work, it will probably be most successful if gradual improvement is sought and celebrated. For many of these youths a lot of damage has been done, and it will take a lot of time and likely many setbacks to help them find a more fulfilling way of thinking and living. Finally, any abilities the person has should be capitalized on and she or he should be supported in finding activities that can be found rewarding and can help raise self-esteem.

#### Researchers.

This study has provided a number of areas that, through further exploration, may aid in increasing our understanding of the problems faced by street youth. The strength of this study has been in its illumination of several variables and processes that have to this point not been studied or emphasized. Its primary weakness is a direct result of the breadth that has been its strength. Any number of the phenomena highlighted here would benefit from much more in-depth study quantitatively and qualitatively. The findings of this study will be disseminated through journal articles and in book format. Additionally, some work will be presented that discusses the nature of research with the street youth population.

#### The media.

Efforts will be made to communicate to the popular media the findings of this study, with an emphasis on the social/cultural factors involved. Too much of the coverage thus far has focussed on superficial issues such as the 'squeegee kid problem' or have been dramatized in a way that emphasizes pity but little action. As Canadians we should be ashamed and outraged that this state of affairs has developed and is being handled so ineptly. I will be contacting major newspapers and other media with an outline of my work and requesting that they run a story on it. When possible, I hope to include street youth I have interviewed in the process and not become 'the street youth advocate' which at best might be less effective and at worst may be misinformed and disempower those I seek to help.

### The government.

I will be speaking with youth workers in an effort to identify members of the government responsible for legislation related to street youth. I will send each of them a summary of my points and findings and when possible arrange to meet with them. I will forward to them suggestions made by the youth regarding affordable housing, work/education programmes, and the need for stronger preventative programmes that can help at-risk youth before they end up on the street.

### A Final Word

This project has been both rewarding and disheartening at the same time. Not all street youth are suffering and suicidal. Some have been able to find a life on the street with which they are content, though I doubt any would fail to identify substantial difficulties that they face. There are, however, too many young people suffering and dying on the streets. This is a tragic waste on an enormous scale. Since, as a society, we have failed these people, we owe it to them to try and provide them with the support and options that would allow them to find a way of living on the streets or in a home in which they are not suffering. As a number of the participants said, if they want to change it has to come from within. Pity and strong-handed efforts are probably equally ineffectual. As one participant said: "Ignorance is the main social problem. Inform people. Make them SEE [original emphasis] that a human is a human and things might get better. Quit judging us and help people instead and quit saying "get a job". Why not "Do you want a job?". Ultimately though, the most beneficial efforts will be focussed on the homes and environments of our children so that they never feel that self-destruction on the street is the only escape.

### Appendix A – Summary of Suicide Attempt Rate Findings

<u>Study</u>	<u>Sample</u>	<u>Attempt Rate</u>
Adlaf et al., 1996	57 females, 160 males agency/street	37% male 61% female
Feitel et al., 1992	N = 169, 65% male Shelter	27.3% m/f
Greene & Ringwalt, 1996	Street: 600, 61% male Shelter: 640, 39% male	23% male 34% female
Kidd, 1999	23 females, 14 males agency/street	68.2% male 75% female
McCarthy & Hagan, 1992	260 male, 130 female agency/street	27.4% m/f
Molnar et al., 1998	N = 775, 65% male shelter	27% male 48% female
Mundy et al., 1990	N = 96, 61% male	46% m/f
Ringwalt et al., 1998	Street: 528, 50% male Shelter: 631	23-43.8% throwaway - runaway
Rotheram-Borus, 1993	260 male 316 female Agency	29% male 44% female
Sibthorpe et al., 1995	N = 155, 54% male	27% male 66% female
Smart & Walsh, 1993	N = 145, 64% male Street/Agency	42% m/f
Stiffman, 1989	84 males, 207 females shelter	30% m/f
Yates et al., 1988	N = 110, 37% male clinic	18.2% m/f
Yoder, 1999	N = 527, 60% female	24% m/f

## **Appendix B – Interview Schedule**

### **1. Consent**

- Give consent form.
- Explain confidentiality.
- Ask for permission to tape, inform them that tapes shall be erased at conclusion of study.

### **2. Explanation of Study**

- Street youth suicide as a problem, very high rates of attempted suicide.
- Goals of the study are to increase awareness, help in prevention/intervention efforts.
- I am trying to get an understanding of what is happening.
- Have been talking to street youth, they have been telling me about their experiences, opinions, and understandings.
- Like you to tell me some of your own stories, let me know what you think, and basically teach me about what is going on.
- It is okay if you don't want to talk about some things, or don't want to answer some of the questions.
- Name won't be associated with what you say, and nothing you say will ever get back to you.

### **3. Demographics**

- Gender.
- Age.
- "Can you tell me what ethnic group you would put yourself in?"
- "How far did you get in school?"
- "What is your living arrangement now...are you on the street or..?"
- "How are you getting money these days?"
- "Do you hang out with a group? What would you call that group?"

### **4. Street Experiences**

**Central Question:**

"Could you tell me about your life on the street, maybe starting with your life at home and how you came to leave it?"

**Types of questions asked in this area:**

- What was life at home like for you?



- How old were you when you left?
- What kinds of places have you lived in since you left home?
- What are your thoughts about mainstream society?

## 5. Suicide

### Central Question:

“If it is alright, we will talk about suicide now. You can tell me about a person you know who has attempted suicide, and if you want you can tell me about your own experiences with suicide.”

### If reluctant:

“What do you think is happening in the life of someone who is suicidal?”

### Types of questions asked in this area:

- What kinds of experiences led you to attempt suicide? Were there things that happened on the day you did it to push you over the edge?
- What kinds of feelings did you have when you attempted suicide?
- Do you hear about suicide on the street?
- What do you think is going on with kids who are killing themselves?
- In general, what kinds of street experiences make life hard, or might make someone think about ending it all?

## 6. Coping

- What kinds of things help?
- What do you do when things are going bad to get feeling better?
- How have you managed to keep going through all of that bad stuff? What has kept you going?
- What do you think has happened that you don't want to kill yourself anymore?
- Is there any kind of service or agency that should be out there?
- What could or should have been there for you? What could have helped you?

## 7. Wrap up:

- What do you think of me being out here doing these interviews?

- What do you think about how I am doing this? Do you have any suggestions?
- Is there anything you want to add that we might have missed?
- What do you do for fun?

**8. Conclusion:**

- i) Going to put what you have said together with what I hear from others.
- ii) Try and get an idea about what is happening with street suicide.
- iii) Use that information to try and raise awareness about it, and help with intervention and prevention programmes.
- iv) (if Toronto agency) I will be coming back in a few months once I have looked at it all. If you are around, it would be great to hear what you think.

## Appendix B2 – Original Interview Schedule

### Criteria

- i) "Are you 24 years of age or younger?"
- ii) "Have you ever been homeless or had no fixed address?"

### Consent

- i) Give consent form.
- ii) Explain confidentiality.
- iii) Ask for permission to tape, inform them that tapes shall be erased at conclusion of study.

### Explanation of Study

- i) Street youth suicide as a problem, very high rates of attempted suicide.
- ii) Goals of the study are to increase awareness, help in prevention/intervention efforts.
- iii) I am trying to get an understanding of what is happening.
- iv) Have been talking to street youth, they have been telling me about their experiences, opinions, and understandings.
- v) Like you to tell me some of your own stories, let me know what you think, and basically teach me about what is going on.
- vi) It is okay if you don't want to talk about some things, or don't want to answer some of the questions.
- vii) Name won't be associated with what you say, and nothing you say will ever get back to you.
- viii) Have any questions before we get started.

### Demographics

- i) Gender.
- ii) Age.
- iii) "Can you tell me what ethnic group you would put yourself in?"
- iv) "How far did you get in school?"
- v) "What is your living arrangement now...are you on the street or..?"
- vi) "How are you getting money these days?"
- vii) "Do you hang out with a group? What would you call that group?"

## **Street Experiences**

### **Central Question:**

**“Could you tell me about your life on the street, maybe starting with your life at home and how you came to leave it?”**

**Questions to embed within Central Question response:  
(if not covered previously)**

- i) What was life at home like for you?**
- ii) How old were you when you left?**
- iii) What kinds of places have you lived in since you left home?**
- iv) What are your thoughts about mainstream society? What is your opinion of it? How do you think mainstream society views street youth?**
- v) Why, out of the various lifestyles people have on the street, did you choose the one you did?**
- vi) Are street experiences different for (whatever person is – woman, native, gay etc.)**

## **Suicide**

### **Central Question:**

**“If it is alright, we will talk about suicide now. You can tell me about a person you know who has attempted suicide, and if you want you can tell me about your own experiences with suicide.”**

**If reluctant:**

**“What do you think is happening in the life of someone who is suicidal?”**

**Questions to embed within Central Question response:  
(if not covered previously)**

- i) Did your reasons for attempting suicide change when you came to the street? How so?**
- ii) What kinds of experiences led you to attempt suicide? Were there things that happened on the day you did it to push you over the edge?**
- iii) What did you want from your attempt? Did you want to die or...?**

- iv) What is it like for you being really upset, what kinds of feelings do you have? What kinds of feelings did you have when you attempted suicide?
- v) Did you have a plan when you attempted suicide, or was it more of a spur of the moment thing?
- vi) Why did you choose "method" as a way to attempt suicide?
- vii) How do you think (whatever person is: prostitute, native etc.) is related to suicide?
- viii) Do you think people that attempt suicide are doing something different than those who complete suicide? How so?
- ix) What was your reaction when you heard a friend attempted/committed suicide?

#### **Subculture:**

##### **General:**

- i) Do you think that a lot of people are killing themselves on the streets? How often do you hear of people killing themselves on the street?
- ii) Are there particular kinds of street youth killing themselves? Do you think suicide is different or occurring more often with (whatever person identifies as, woman, gay, native etc.)?
- iii) What do you think is the typical street youth suicide story? Why are street youth killing themselves?

##### **Reactions:**

- i) How do you think street kids react to hearing about a suicide? What kind of reaction to suicide do you see among the people you know?
- ii) Do people react differently for attempts than completed suicides? How so?
- iii) Do you ever talk about suicide with your friends? How do people talk about it?
- iv) What kinds of experiences would you and your friends consider really bad...in general?

##### **Relatedness to Self:**

- i) When you hear of suicides, do their situations sound like your own? Are there any stories that particularly struck home?
- ii) When suicidal thoughts pop into your head do you think about other people who have killed themselves? At what sort of times

do these stories of suicides pop into your head? What kind of "stories" are the ones that come to mind?

- iii) At end: ask them flat out: do you think that there is some kind of a suicide contagion thing going on on the street? Like where, a person is feeling real bad, and the first thing that pops into their head is the stories they have heard about all of the other street youth who kill themselves, and think "I'm gonna go the same way."?
- iv) Are a lot of the ideas you have about suicide coming from what you have heard about street suicide, or do you think they are coming more from stuff you had heard of when you were growing up, or on t.v.?

If not previously addressed:

- i) Do you think problems with boy/girlfriends are related to suicide? How so?
- ii) How about loosing/fighting with friends, does that make people suicidal? What do you think happens there?
- iii) Do you think being GLB is related to suicide? How so?  
separate experience at home, and on the street.
- iv) Do you think that the violence on the street is related to suicide? How?
- v) Do you think drugs or alcohol are related to suicide? How?  
separate: as means, addiction, effects of drugs.
- vi) Do you think HIV/AIDS is related to suicide? How so?
- vii) How about having no money, is that related? Why do you think that is?
- viii) Are there any other things having to do with suicide you think I am missing?

What is helpful:

- i) What kinds of things stop you from trying to kill yourself, or when you are feeling bad?
- ii) What sorts of things would you tell a suicidal person to help them out?
- iii) In general, what do you think would reduce the rates of suicide among street youth?
- iv) What do you think about the services and agencies available, are they helpful? How could they improve?
- v) Do you think that some kind of spirituality, religious or otherwise, is helpful in preventing suicide? Like a belief in some kind of grander scheme or plan, that there is something beyond this life?

**Wrap up:**

- i) How has it made you feel to talk about this stuff?
- ii) How do you feel about me doing this study and interviewing you? Were there things you didn't like?
- iii) Do you have any regrets in participating?
- iv) Is there anything you want to add, or think we have not covered?
- v) What do you do for fun? What kinds of things make you happy?

**Conclusion:**

- v) Going to put what you have said together with what I hear from others.
- vi) Try and get an idea about what is happening with street suicide.
- vii) Use that information to try and raise awareness about it, and help with intervention and prevention programmes.
- viii) (if Toronto agency) I will be coming back in a few months once I have looked at it all. If you are around, it would be great to hear what you think.
- ix) [Give a brochure about resources available for those who are suffering from mental health problems, and are considering suicide.]

## Appendix C – Feedback Form

**What this is:**

This is a chance for anyone who did the interview on suicide in August to give their thoughts and opinions on what was found.

**Why this is important:**

I want to make sure that in putting together the results of this study I got the facts straight. What you tell me on this form will be used to correct, change, and add to the findings.

**What was found:**

These are the main points that came out of 98 interviews with street youth in Toronto and Vancouver. They are the main ideas/themes from what they (and you) told me about why street youth are killing themselves.

1. The suicidal person feels worthless and alone. These feelings come as they think about those who have hurt them in the past, and those who are hurting them now. This is made worse by the way that society looks down on them, thinking of them as 'street trash'.
2. Feeling alone and worthless is bad, but what makes it much worse is feeling trapped and hopeless. The suicidal person feels that things will never get better, and they are stuck on the street. They feel bad about themselves and their situation. They have tried to make a better life but have been knocked down again and again.
3. Hard drugs (crack, heroin, crystal meth, etc.) make it worse. The person gets addicted, which makes them more trapped, feel more worthless and more alone.
4. The street makes this whole situation worse because: (i) Street youth are looked down on and are denied services/jobs/opportunities. (ii) They usually don't have family to help them, and finding people they can trust on the street is hard. (iii) Hard drugs, which make them feel better for a little while, are everywhere.
5. Suicide: Suicide takes many forms on the street. Sometimes the person tries to kill themselves in the traditional way (gun, razor, hanging etc.), but more often they stop caring about themselves. In other words, the person starts doing harder and harder drugs, and gets involved in more and more dangerous situations. It is like Russian roulette, and eventually they end up dead. Like one person said 'it is a toboggan ride off a cliff'.



6. What helps: The opposite of everything above. The person finds things to do and starts to think in ways that help them value and respect themselves. They find people in their lives who will like them for who they are, who will help and support them without wanting money, drugs or sex in return. The person realizes they are strong for having survived so many bad experiences, that they have options and a future.

**Does this fit with what you think? Any comments?**

Please pass this along to a staff member, and they will mail it back to me. If you have access to email, feel free to send your comments to [kidd@jet2.net](mailto:kidd@jet2.net) I am going to send the final version of the results in March which you can have a copy of. Thanks for having done the interview and for taking the time to do this. I will make sure it gets to people who will listen and use it to help improve the situation.

## Appendix D1 – Demographic Comparisons (gender)

Demographic	female (n=31)	male (n=49)	female (n=31)	male (n=49)
Age Range	15-24	17-24	15-24	17-24
Age mean	18.7	20.5	18.7	20.5
Age Median	18	20	18	20
Age Mode	17	19	17	19
Toronto agency	7	12	23%	25%
Toronto Street	8	13	26%	27%
Toronto Total	15	25	48%	51%
Vancouver agency	8	12	26%	25%
Vancouver street	8	12	26%	25%
Vancouver total	16	24	52%	49%
Street Total	16	25	52%	51%
Agency Total	15	24	48%	49%
Education	9.9	9.9	9.9	9.9
Education median	10	10	10	10
Education mode	9	9	9	9
Ethnicity:				
Caucasian	27	42	87%	86%
Native	1	6	3%	12%
Other	3	1	10%	2%
Living Arrangement:				
street	23	35	74%	71%
shelter	0	5	0%	10%
apartment	4	3	13%	6%
hotel	2	4	7%	8%
other	2	2	7%	4%
Income				
panning	18	23	58%	47%
pan and squeegee	4	9	13%	18%
social assistance	3	2	10%	4%
part time wk	0	4	0%	8%
employment programme	2	3	7%	6%
prostitution	0	3	0	6%
other	4	5	13%	10%
Subgroup				
none	27	38	87%	78%
punk	3	5	10%	10%
other	1	6	3%	12%

## Appendix D2 – Demographic Comparisons (interview site)

Demographic	Street (n=41)	Agency (n=39)	Street (n=41)	Agency (n=39)
Age Range	15-24	16-24	15-24	16-24
Age mean	19.7	20	19.7	20
Age Median	19	20	19	20
Age Mode	19	19	19	19
Toronto Total	21	19	51%	49%
Vancouver total	20	20	49%	51%
Education	9.8	9.8	9.8	9.8
Education median	10	10	10	10
Education mode	9	9	9	9
Ethnicity:				
Caucasian	38	33	93%	85%
Native	3	4	7%	10%
Other	0	2	0%	5%
Living Arrangement:				
street	34	25	83%	64%
shelter	3	3	7%	8%
apartment	1	6	2%	15%
hotel	3	3	7%	8%
other	0	2	0%	5%
Income				
panning	25	16	61%	41%
pan and squeegee	11	3	27%	8%
social assistance	1	4	2%	10%
part time wk	1	4	2%	10%
employment programme	1	4	2%	10%
prostitution	0	3	0%	8%
other	2	5	2%	13%
Subgroup				
none	32	34	78%	87%
punk	7	2	17%	5%
other	2	3	5%	8%

## Appendix D3 – Demographic Comparisons (city)

Demographic (n=40)	Toronto (n=40)	Vancouver (n=40)	Toronto (n=40)	Vancouver
Age Range	16-24	15-24	16-24	15-24
Age mean	20.2	19.5	20.2	19.5
Age Median	20	19	20	19
Age Mode	17	19	17	19
Street Total	21	20	53%	50%
Agency Total	19	20	48%	50%
Education	10	9.8	10	9.8
Education median	10	9	10	9
Education mode	10	9	10	9
Ethnicity:				
Caucasian	33	36	83%	90%
Native	4	3	10%	8%
Other	3	1	8%	3%
Living Arrangement:				
street	31	27	78%	68%
shelter	5	0	13%	0
apartment	2	5	5%	13%
hotel	0	6	0	15%
other	2	2	5%	5%
Income				
panning	23	18	57%	45%
pan and squeegee	8	5	20%	13%
social assistance	1	4	3%	10%
part time wk	2	3	5%	8%
employment programme	2	3	5%	8%
prostitution	0	3	0	8%
other	3	4	8%	10%
Subgroup				
none	32	33	80%	63%
punk	4	4	10%	10%
other	4	3	10%	8%

## Appendix E – Code Summary

### General

#### Family Background (n=80)

Do not want to talk about it (17)

Problematic (48)

No major problems (6)

No major problems, but rebelled (6)

### In Context of Suicide

#### Central Feelings

Trapped (27)

Worthlessness (19)

Feel Alone (20)

Hopelessness (9)

#### Reasons For Being Suicidal

Abuse and Neglect (7)

Death and Loss (9)

Giving Up (33)

Drug Addiction (53)

Drugs as Slow Suicide (16)

Drug Effect Makes Person Suicidal (12)

[General Danger of Overdose (9)]

[Hard vs. Soft Drugs (26)]

#### Reasons for Being Suicidal

Stigma (35)

Problems with Police (24)

#### Minor Categories

Lack of Money (20) vs. Money Not Necessary (6)

Street Life is Stressful (13)

Prostitution (8)

**(Appendix E cont'd)****Bad Weather (3)****Negative School Experiences (8)****Suicide Spoken of Generally****Suicides of People Known (35)****Drug-Related (10)****While Living at Home (6)****Reactions to Loosing Someone to Suicide (23)****Suicides Attempts a Cry for Help (6)****Those Who Complete Suicide Don't Talk About it (8)****Young Runaways at Risk (12)****Suicide is Stupid (11)****Suicide is Easy/Cowardly (14)****Coping****Social Sphere****Friends as Support (20)****Friendships Superficial (9)****Importance of Partners (7)****Problems Related to Partners (11)****Family Support (10)****Views and Beliefs****Important to Value the Self (14)****Agency/Efficacy (27)****Need to Look to the Future (13)****Positive Progress (4)****Learned/Survived (15)****Anger and Non-Conformity (13)****Spirituality (14)****Behaviours [see Table 4 for breakdown]****Agencies and External Help****Negative Experience with CAS (7)**

(Appendix E cont'd)

Problem with Welfare (5)

Negative Experiences with Mental Health Professionals (5)

Services are Adequate (5)

Never Use Services (3)

What Would Help [See Table 5 for breakdown]

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### **Vita Auctoris**

**Sean Kidd was born in 1973 in Brampton, Ontario. His university career began at Carleton University where he focussed primarily on neuroscience and obtained a B.A. in Psychology in 1996. He then entered the clinical psychology programme at the University of Windsor where his research became focussed on street youth and suicide. He obtained his M.A. degree at the University of Windsor in 1999. Currently he is completing the requirements for Ph.D. in clinical psychology at the University of Windsor.**